'ARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/02/2008

		H AND HUMAN SERVICES E & MEDICAID SERVICES				M APPROVED O. 0938-0391
MEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	JLTIPLE CONSTRUCTION . DING	(X3) DATE SURVEY COMPLETED	
		09G169	B. WIN	3	03	/13/2008
OF F	PROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, STATE, ZIP COD		
RO	HOMES			8020 EASTERN AVENUE, NW WASHINGTON, DC 20012	_	
ID FIX G	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	(D PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
000	INITIAL COMMEN	TS	W 0	00	<u></u>	3
104	March 10, 2008 this survey was initiated process. Due to discrete was extend examine the conditional random sample of a resident population women with various the survey were basinterviews with clies at two day program and administrative reports. 483.410(a)(1) GOV. The governing bod budget, and operations.	/ must exercise general policy, ing direction over the facility.	VV 10	W 104 The Agency has a Policy or Reporting and Management has been forwarded to the I Program along with a list of	t. A copy Day f	2000 APR P : 4
	Based on observati support and admini records, including it body exercised gen direction over the fa areas.	s not met as evidenced by: on, interviews with direct strative staff, and the review of noident reports, the governing eral policy and operational scility, except in the following		Emergency Contact number QMRP and nurse will contivisit the day program at leasmonthly basis to ensure condelivery of services is proving Monthly QA audits will be and filed.	rs. The nue to st on a utinuous ided.	
	failed to ensure that	/153. The governing body facility staff followed policies notifying appropriate		See attached receipt from D Program for the Incident Management Policy, Month audit and Emergency contac numbers	aly QA	
	The governing body	159, W214, W249 and W436. failed to establish and				-
FORY	DIRECTOR'S OR PROVID	ENBUPPLIER REPREŞÊNTATIVE'S SIGNA	TURE	TITLE		(X8) DATE

siency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that eguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 awing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued participation.

\$-2567(02-99) Previous Versions Obspiete

Event ID: 1NGO11

Facility ID: 09G169

If continuation sheet Page 1 of 32

		HAND HUMAN SERVICES				FORM	D: 04/02/200 MAPPROVE D: 0938-039
MEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION 6	(X3) DATE SURVEY COMPLETED	
		09G169	B. Wil	NG _	······	nale	12/2000
	ROVIDER OR SUPPLIER		STREET ADDRESS. CITY, STATE, ZIP CODE 8020 EASTERN AVENUE, NW WASHINGTON, DC 20012				
ID FIX G	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOTO CROSS-REFERENCED TO THE APPRINCED TO THE APPRINCENCY)	ULD BE	(X5) COMFLETION DATE
104	measures to ensure active treatment se	it internal quality assurance the delivery of continuous rvices. VICES PROVIDED WITH	W 1	İ			
		sure that outside services			W 120 The Agency has a Policy on Inc Management and Reporting. Th	e Day	4/8/08
	Based on record re- ensure that outside	s not met as evidenced by: view, the facility failed to services met the needs for include in the sample. (Client			Program has been given a copy same and the staff at the day prohas been in serviced on this poli and procedure. A daily communication book habeen initiated and day program a residential staff is aware to look	ogram cy s and	4/8/08
	program had a syste	ensure that Client #1's day	•	,	any documentation. The day program has received a of Emergency Contact numbers.	list	
	"Inter-Agency Commotober 22, 2007 are indicated body temp 100.1 degrees, resp facility's records failed or IAC form) that the client's elevated tem 2007. The client rethe next day (Octobe verification from the was assessed by the staff. Later that day reassesed by the day	ram records contained two nunication" (IAC) forms, dated and October 23, 2007, peratures of 101 degrees and pectively. Review of the and to evidence (nursing notes and perature on October 22, aturned to the day program on ar 23, 2007) without group home that the client a facility's medical/nursing at 3:30 PM, the client was by program and diagnosed apparate of 101 degrees.			See attached – Incident Manager Policy. Staff in-service record from day program. Emergency contact list.	ment	•

136 483.420(a)(11) PROTECTION OF CLIENTS RIGHTS

W 136

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A, BUILDIN	IPLE CONSTRUC T ION		(X3) DATE SURVEY COMPLETED	
		09G169	B. WING _		03/	13/2008	
NAME OF F	PROVIDER OR SUPPLIER		8	REET ADDRESS, CITY, STATE, ZIP CO 020 EASTERN AVENUE, NW VASHINGTON, DC 20012			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 136	The facility must en	sure the rights of all clients.	W 136				
	Therefore, the facili have the opportunity	ty must ensure that clients y to participate in social, nunity group activities.		W 136 The facility will ensure that each individual will participate in community outings in accordance with their ISP activity schedule. The QMRP will complete a monthly QA of the ISP record and have weekly oversight to ensure the individuals have the opportunity to participate in social, religious and community outings.		4/12/08	
	Based on interview failed to ensure that community outings/ accordance with the	s not met as evidenced by: and record review, the facility clients participated in recreational activities in ir Activity Schedules, for two in the sample. (Clients #1 and					
	AM, review of Client (ISP), dated Septem preferred activities voutings going to cloof Client #1's Activity incorporated in his IS Saturdays, he was to beginning at 11:00 A was scheduled to at	08, at approximately 10:28 #1's Individual Support Plan iber 6, 2007, revealed a list of which included "go on nurch." At 12:02 PM, review Schedule that was		The staff has been in service accurate documentation of in the clients' recreation logactive treatment. See attached staff in service and activity record.	all outings g and		
	review of Client #1's documentation chart to date revealed the There was no evider October 2007, Nove thus far in March 2007 of the October 2007 of	for the period October 2007 following: noe that he went to church in mber 2007, February 2008 or					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G169	B. Wil	1G		03/1	3/2008	
NAME OF F	ROVIDER OR SUPPLIER			80	EET ADDRESS, CITY, STATE, ZIP CODE 120 EASTERN AVENUE, NW IASHINGTON, DC 20012			
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	IULD BE	(X5) COMPLETION DATE	
W 136	2007) and one Sut (October 7, 2007); There were two out 2008; church on T "national monume 2008; The three outings were on weekday weekends; and, There were no do March 2008. 2. On March 13, 2 Client #2's Activity incorporated in he revealed that on Sthe community, be Sundays, the client church at 10:00 A community activity. A subsequent rev Outings documen January 1, 2008 to that she went on and Sundays, in a 483.420(d)(2) ST. CLIENT'S The facility must a mistreatment, neg injuries of unknow immediately to the officials in accord established proces.	atings documented in January uesday, January 8, 2008 and a nt" on Saturday, January 12, documented in February 2008 evenings; none were on cumented outings thus far in 2008, at 12:01 PM review of Schedule that was a January 4, 2008 annual ISP, Saturdays, she was to go out in at was scheduled to attend M and later, engage in another y, from 2:00 PM - 5:00 PM. Giew of Client #2's Community tation chart for the period of date revealed no evidence community outings on Saturdays accordance with her plan. AFF TREATMENT OF	W	136				

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		H AND HUMAN SERVICES			D: 04/02/200 M APPROVE		
VEN.	T OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	ILTIPLE CONSTRUCTION	OMB NO (X3) DATE COMPL		
		09G169	B. WING)	03/	13/2008	
	ROVIDER OR SUPPLIER HOMES		STREET ADDRESS. CITY, STATE, ZIP CODE 8020 EASTERN AVENUE, NW WASHINGTON, DC 20012				
ID F∛X G	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
	ensure that all injurconsistently reported administrator. The findings included on March 10, 2008 recently-assigned (QMR recently-assigned 2008) were intervied Conference. To the incident involving Codeveloped a high be 2007. On March 1sthe client's record a following: 1. According to a decelor of Monthly Nursing Probled a high be signs and applied at bleed" on Septembet that the "bleeding structure of the decelor on Septembet 10:12 AM, review of Nursing Progress Neptember 6, 2007, the following on September 6, 2007, the following on September 6, 2007, the day program or structured" There we the day program or structured	ords, the facility failed to ries of unknown origin were ed immediately to the	W 15	W 153 The incident was reported inter agency communicati was received from the day but this was not passed on residential managers. The QMRP, House Manage Nurse are not currently entitle facility. In the future the QMRP are will make sure there is open communication between the programs and facility. The day program and residence have been in serviced on communication, communication, communication, emergency contact #	on report program to the ger and nployed at and nurse en lines of ne day dential staff	.4/8/08	

administrator was informed of this injury of

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DATE :	
		09G169	B. WING	;	03/	12/2000
	PROVIDER OR SUPPLIER HOMES		5	TREET ADDRESS, CITY, STATE, ZIP 8020 EASTERN AVENUE, NW WASHINGTON, DC 20012		13/2008
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
	unknown origin. Do March 13, 2008, it vicause of the nose be investigated or other. The client's day Monthly Nursing Profollowing: "On 1/29/about 3 1/2 cm long cleaned no appare consult was sent no corresponding incide that the administrate injury of unknown or 1:43 PM, review of 0 Progress Note reveating and no indicated days inneediately preduced that they were scratches observed current House Manafacility in late Februa before the survey.] 483.430(a) QUALIFIT RETARDATION PROFOLEMENT CONTROLLER TO PROF	uring the Exit meeting on vas acknowledged that the vas entated and a scratch. Program January 2008 ogress Note included the 08 staff noticed a scratch. No bleeding noted. Area ent distress noted. Nursing me." There was no ent report and no evidence or had been informed of this rigin. On March 11, 2008, at client #1's residential Nursing aled no entries for January 29, ons of scratches noted in the ecceding, or afterwards. At and LPN Coordinator both is previously unaware of any on Client #1. [Note: The ger began working in this ry, approximately 2 weeks ED MENTAL DEESSIONAL reatment program must be eed and monitored by a relation professional. Inot met as evidenced by: In, interview and record Mental Retardation failed to integrate, or active treatment for the three clients in the	W 15			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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STATEME	NT OF DEFICIENCIES	(X1) BROWDENIEURBURDUR				OMB N	<u>0. 0938-039</u>) 1
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		09G169	B. Wil	NĢ		03/13/2008		
	PROVIDER OR SUPPLIER HOMES	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	1	TREET ADDRESS, CITY, STATE, ZIP CODE 8020 EASTERN AVENUE, NW WASHINGTON, DC 20012		13/2008	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	DUI D BE	(X5) COMPLETION DATE	7
W 159	Continued From pag	ge 6	W 1	159	9			-
	The findings include	::	!					
-	mealtime protocol at	t to ensure that Client #1's nd self-feeding training mented correctly, as follows:						
	that staff provided C assistance while load well as raising the sp On March 12, 2008, assessment, dated S revealed that he nee food onto his spoon; bringing the spoon to assistance. On March 3:05 PM, review of C dated November 10, " <client's name=""> can plate to his mouth an spoon but he does not food." Observations however, had shown encourage him to per maximum abilities. In over hand assistance</client's>	r on March 10, 2008, revealed lient #1 with hand over hand ding food onto his spoon as boon to the client's mouth. review of the client's OT September 25, 2008, ded staff assistance to load however, he was capable of his mouth with minimal ch 13, 2008, at approximately client #1's mealtime protocol, 2007, revealed the following: bring the spoon from the d remove food from the ot initiate loading spoon with on March 10, 2008, that staff did not allow or form those tasks to his instead, they provided hand throughout the process, he data collection sheet that	•					
	privacy skills training ;	o develop and implement a program after Client #1's one on August 31, 2007, as						
	During the March 10, : it was stated that Clier undergarments due to	2008 Entrance Conference, at #1 used adult protective fecal and urinary						

ARTMENT OF HEALTH AND HUMAN SERVICES ITERS FOR MEDICARE & MEDICAID SERVICES					PRINTED: 04/02/2008 FORM APPROVED OMB NO. 0938-0391		
VIEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	JULTIPLE CONSTRUCTION	(X3) DATE COMPI	SURVEY	
		09G169	B, WIN	IG	03/	13/2008	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 8020 EASTERN AVENUE, NW WASHINGTON, DC 20012			
ID FIX G	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
	review of his IPP, derevealed the following restroom door and a behaviors daily 25% provided for 3 constant observed being used the restroom of at approximately 12 program book reveal collection sheets has program. There was and no instructions further review reveal 12/8/07, 1/4/08 and status of this training. 3. The QMRP failed consistently implement a mapking to wipe his meal and after he fir were staff observed with instructions and his own mouth. On it review of his IPP, darevealed the following assistance, <cli>client's wipe his mouth after consecutive months. Monthly Progress No. 11/7/07, 12/8/07, 1/4 staff had been record</cli>	March 12, 2008, at 11:40 AM, ated August 31, 2007, ng: "will open and close the display appropriate restroom 6 of the total opportunities ecutive months" This was implemented when the client during the survey. Beginning:25 PM, review of the client's aled no evidence that data at been established for this is no actual program written, for implementing the program. aled that QMRP Monthly ated 9/7/07, 10/6/07, 11/7/07, 2/7/08, failed to report on the globjective. If to ensure that staff ented Client #1's napkin-use if follows: 2.3. On March 10, 2008, wed at breakfast, snack and all, staff were observed using mouth periodically during the nished eating. At no time offering the client his napkin, for encouragement to wipe March 12, 2008, at 11:26 AM, ated August 31, 2007,	W 1				

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		H AND HUMAN SERVICES E & MEDICAID SERVICES			FOR	D: 04/02/200 MAPPROVE
EMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII	ULTIPLE CONSTRUCTION LDING	(X3) DATE COMPI	
		09G169	B, WIN	IG	02/	/ A to Japan
Ē OF I	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS. CITY, STATE, ZIP CO		13/2008
TRO	HOMES			8020 EASTERN AVENUE, NW WASHINGTON, DC 20012		
i) ID EFIX AG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	V SHOULD BE	(X5) COMPLETION DATE
159		age 8 hat the program was being	W 1	59		
	implemented cons	istently.			•	
	4. The QMRP failed to ensure that Clients #1 and #2 participated in community outings/ recreational activities in accordance with his/ her Activity Schedules, as follows: Cross-refer to W136. On March 12, 2008, at 12:02 PM, review of Client #1's Activity Schedule that was incorporated in his September 7, 2007 annual plan, revealed that on Saturdays, he was to go out in the community, beginning at 11:00 AM. On Sundays, the client was scheduled to attend church at 10:00 AM and engage in another					
,			,			
	community activity, March 13, 2008, at #2's Activity Schedu schedule. On Marc #1's Community Ou	beginning at 3:00 PM. On 12:01 PM, review of Client Die revealed a similar The 13, 2008, review of Client Official Commentation chart for 2007 to date revealed the				·
	There was no evide October 2007, Nove thus far in March 20					·
	Thursday evening o 2007) and one Sund (October 7, 2007);	outings sheet reflected one uting (nightclub, October 4, day trip to a shopping mall				
	2008: church on Tue 'national monument 2008;	ngs documented in January esday, January 8, 2008 and a " on Saturday, January 12,				
,	were on weekday ev weekends; and,	ocumented in February 2008 renings; none were on				
,	March 2008,	nented outings thus far in				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N	MULT	IPLE CONSTRUCTION		<u>U. 0938-0391</u> SURVEY
		DENTIFICATION NUMBER:	A. BU	ILDIN	IG		PLETED
		09G169	B. WI	NG_			// 2/2000
NAME OF	PROVIDER OR SUPPLIER		··	STR	REET ADDRESS, CITY, STATE, ZIP CODE		/13/2008
METRO	HOMES			8	020 EASTERN AVENUE, NW VASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY REGULATORY OR LE	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	documentation char 2008 to date reveals community outings of 5. The QMRP failed #2 had available for prescribed for mealt Cross-refer to W436 protocol, dated Nove plan indicated the us straw lid." Client #2's December 14, 2007, the use of a Teflon-chowever, was observed from the use of a Teflon-chowever, was observed from March 10, 2008 6. The QMRP failed program received state accurate contact information on March 10, 2007, and indicated body temper 100.1 degrees, resper reviewed in the group PRN physician's order for."Acetaminophen 3 by mouth twice daily a greater than 100." The two program case mathat Client #1 had not had program case mathat Client #1 had not	s Community Outings t for the period January 1, ed a similar dearth of on Saturdays and Sundays. I to ensure that Clients #1 and use the adaptive equipment imes, as follows: i. Client #1's mealtime ember 11, 2007, and annual ee of a "tumbler cup with is mealtime protocol, dated and annual plan indicated coated spoon. Neither client, yed using those items during break or dinner observations to ensure that the day ending physician's orders and rmation as evidenced below: gram records contained two unication" (IAC) forms, dated d October 23, 2007, eratures of 101 degrees and ctively. The client's chart in home included standing ers (POs) eas needed for temperature enere was no evidence.	W -	159	W 159 1. Staff has been in serviced of client's mealtime protocol. 2. The client's privacy prograte been discontinued as the IDT was incapable of comprehend 'privacy' considering his cognitunctioning level is 9 mths. A adaptive functioning level is 19 mths. 3. The client's 'napkin' prograte been discontinued as the IDT was incapable of wiping his muring meals due to his level of cognitive and adaptive function 4. The QMRP and House Marwill ensure that the recreation calendar is followed and the compositive and adaptive out staff has been re in serviced in accurate documentation of all outings. 5. The clients are currently using appropriate adaptive equipments straw lid cup and plastic coate has been sent to the day prograte. The Agency Policy and Procedure for Medication Administration, the POS and the medications have been given to day program and the day program and the day program as contact list of all emergency phone numbers.	m has felt he ling nitive nd his lyr am has felt he nouth of oning. nager lients . The mg the nt – a d spoon am also. he PRN o the cam	4/10/08
1		Tonadice Will file!				1	

PRINTED: 04/02/2008 'ARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED TERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G169 03/13/2008 OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8020 EASTERN AVENUE, NW **RO HOMES** WASHINGTON, DC 20012 םנו SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX G, REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 159 Continued From page 10 W 159 nurse and replied:"No, not unless we have a physician's orders... that would be the home." b) The "Inter-Agency Communication" (IAC) forms dated October 23, 2007 had included: "unable to reach you at 202-4XX-0467." Interview with the RN on March 10, 2008 revealed that he number cited on the document was incorrect by one digit. There was no evidence, however, that the QMRP had followed-up with the day program at that time to ensure that they had correct contact information for reaching the facility's: nursing staff in the event of medical emergencies. 7. The QMRP failed to ensure that nursing staff consistently implemented Client #3's 7. The client's self medication 4/10/08 self-medication training program, as follows: program has been changed. 8. The psychologist has re assessed Cross-refer to W249.6. On March 10, 2008, at client#1 and see the attached 4:52 PM, the nurse punched Client #3's psychological addendum to include medication (Zyprexa) from its blister pack into a the shirt mouthing and toileting small medication cup. The client brought her behaviors. glass of water from the kitchen and when the In the future the QMRP will ensure nurse handed her the medication cup, she took that there is implementation of all the medication independently, followed by water. On March 11, 2008, at 2:06 PM, review of the programs. The QMRP will complete client's medical records revealed that the client a monthly QA, had a 7-task self-medication objective whereby she was to obtain a key to a medication box,

open the box, read the medication label, obtain the medication, place the medication in the box, obtain her own water and then swallow the pills under supervision. Subsequent review of the program data collection sheet revealed that the nurse had recorded Client #3 having obtained the key, opened the box and obtained the medication with verbal prompts on the previous evening (March 10, 2008), even though the client had not

been observed performing those tasks.

		H AND HUMAN SERVICES E & MEDICAID SERVICES			FORM	D: 04/02/2008 M APPROVED D: 0938-0391
EMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION	(X3) DATE COMPI	SURVEY
		09G169	B. WING		03/	13/2008
OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		10.2000
ΓRO	HOMES			8020 EASTERN AVENUE, NW WASHINGTON, DC 20012		
i) ID EFIX AG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		N SHOULD BE	(X5) COMPLETION DATE
159	Continued From pa	age 11	W ·	159	 `	
214	received a comprel include his behavior shirt sleeves and conhis toileting skills, at the day on March 1 day program, reveshirt sleeves and/or Interviews revealed behaviors targeted (BSP). On March 1 Qualified Mental Rethat the psychologist the facility, the next shirt-mouthing behavior training behavior training behavior training objective and discontinuing the precord review reveal client's toileting skill determine the next strategy for the interview 12, 2008 of Client #1's Psychologist had as behavior previously skills and training needs 1.	4. Observations throughout 0, 2008, in the home and at aled Client #1 routinely put his a shirt collar into his mouth. I that this was not among the in his Behavior Support Plan 11, 2008, at 5:25 PM, the stardation Professional stated at was scheduled to come to week to assess the client's avior and to provide mendations. The QMRP also I was not on a set toileting staff relied solely on the use of tergarments. The previous of that the client had reached performance" with a previous and recommended orgam. Further interview and alled no evidence that the shad been re-assessed to appropriate intervention redisciplinary team to consider. It beginning at 9:20 AM, review ological Assessment, dated vealed no evidence that the sessed this shirt-mouthing or re-assessed his toileting	W 2	See attached Mealtime protocol Client rights/privacy Activity schedule Receipt from day progra Self medication program In service sheets Psychology assessment Adaptive Equipment Active treatment	am n	4/10/08

The comprehensive functional assessment must

		H AND HUMAN SERVICES E & MEDICAID SERVICES			FORM	D: 04/02/2008 M APPROVED	
MEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
_		09G169	B. WIN	NG	02/	43/0000	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 8020 EASTERN AVENUE, NW WASHINGTON, DC 20012		13/2008	
) ID FIX .G	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PRÉFI TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE	
214	identify the client's behavioral manage	specific developmental and ment needs.	W 2				
	Based on observation review, the facility for a comprehensive a depicted his/her cur	s not met as evidenced by: on, interview and record ailed to ensure each client had ssessment on file that rrent functional status, for one in the sample. (Client #1)					
	The finding includes	3 ;					
	on March 10, 2008, the home between 2 collar was notably we several occasions, to in his mouth and he At 7:33 AM, the Houwith changing into a for day program.	Client #1 was observed in 7:06 AM - 7:33 AM. His shirt ret throughout the period. On the client placed his shirt collar ld it there for several minutes. Use Manager assisted him different shirt, before leaving	•	W 214 1. Client#1 has been assess psychologist for his shirt mand toileting behaviors 2. This program has been discontinued, as the client is comprehend his toileting nefunctioning at a 9mth cogniand a 1yr 9mth adaptive level continue to follow a 2hr AF In the future the QMRP will closely with consultants to the sychologist of the sychologist program and a 1yr 9mth adaptive level continue to follow a 2hr AF In the future the QMRP will closely with consultants to the sychologist program and a 1yr 9mth adaptive level continue to follow a 2hr AF In the future the QMRP will closely with consultants to the sychologist for his shirt mand to the sychologist for his shirt mand to level and to the sychologist for his shirt mand to level and to l	is unable to eeds. He is itive level yel. Staff PU check.	4/10/08	
	Client #1 was observed in his day program etween 12:27 PM - 12:50 PM. The ends of both hirt sleeves and his collar were wet upon this urveyor's arrival. The client repeatedly put his hirt sleeves into his mouth. Day program staff confirmed that the client routinely placed his shirt in his mouth. At 12:38 PM, the staff rolled the ient's shirt sleeves up and commenced to play all toss. At least three times between 12:38 PM 12:48 PM, the client rolled the sleeves back own and staff asked him to keep them sleeves alled up. He kept his left thumb buried inside his ft shirt sleeve, and mouthed it occasionally. At 2:31 PM, another staff person assisted the client			of the client's on going beh needs are addressed. The Q completes a monthly QA ar monthly notes on each clier	aviors and MRP nd		

		H AND HUMAN SERVICES			FORM): 04/02/2008 MAPPROVED): 0938-0391
EMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	JLTIPLE CONSTRUCTION DING	(X3) DATÉ SURVEY COMPLETED	
		09G169	B. WIN	G	03/	13/2008
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF COI 8020 EASTERN AVENUE, NW WASHINGTON, DC 20012	Œ	
4) ID EFIX AG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE
214	The staff who had that even though is clothes was not are his Behavior Supple Evening observation his return home. Asserted at the dining the collar and both since the change wet. At 5:58 PM, mouthing his shirt shirt until at least of the collar and both since the change wet. At 5:58 PM, mouthing his shirt shirt until at least of the collar and psychologist was the next week to a shirt-mouthing be appropriate recome 2008, beginning a Psychological Asserted the fingers, engage in behaviors, bite fin was no evidence, had assessed his sleeves and/or collar facility fail toileting skills: During the March it was stated that undergarments (A incontinence. On review of the clier	a fresh shirt (red) and pants. engaged him in ball toss stated he did it daily, mouthing his more the behaviors targeted in bort Plan (BSP). ons of Client #1 resumed upon At 4:28 PM, Client #1 was hig room table eating snack. th sleeves of the red shirt (worn at day program) were notably Client #1 was observed Collar. He remained in the wet 6:41 PM (possibly longer). 88, at 5:25 PM, the Qualified on Professional stated that the scheduled to come to the facility assess the client's havior and to provide mendations. On March 12, ht 9:20 AM, review of Client #1's sessment, dated August 30, e following: "also suck his hand to mouth self-stimulation ger nails sometimes" There however, that the psychologist behavior of sucking on shirt	W 2	114		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURV		
AND PLAN DE CORRECTION DENTIFICATION NUMBER.	(X3) DATE SURVEY COMPLETED	
09G169	2008	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
METRO HOMES 8020 EASTERN AVENUE, NW WASHINGTON, DC 20012		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 214 following: " is not toilet trained but he will sometimes unnate and defecate in toilet when assisted." The psychologist provided no further information or recommendations regarding toileting skills. Review of Client #1's September 7, 2007 Individual Support Plan (ISP), at 10:16 AlM, revealed the following: " uses adult attends continues to be on a program to Improve his toileting skills." At 11:40 AM, however, review of his IPP, dated August 31, 2007, revealed no training objective that dealt directly with his toileting needs. On March 12, 2008, at approximately 12:18 PM, the recently-hired QMRP was usked about Client #1's toileting program. He reported that Client #1 was without a set toileting schedule. Staff relied on the use of APUs because the client of ten refused to use the toilet. The interview revealed that there were behavioral considerations that to date, had not been fully assessed. According to the QMRP, the client generally would agree to sit on the toilet if staff loosened his belt, made a request and then stepped back. However, if staff removed the belt and lowered his pants for him, the client would resist. If staff continued to insist, then he would refuse to cooperate. While there was no toileting schedule prescribed, staff reportedly checked his APU upon return from day program and periodically thereafter, and changed him iffwhen wet. QMRP Monthly Progress Notes, dated 9/7/07, 10/6/07, 11/7/07, 12/8/07, 1/4/08 and 2/7/08, had reported on the following goal: "Three times weekly with staff assistance, collent's names will complete the steps to proper toilet use with 80% accuracy" Further review revealed that the QMRP had written the following statement in		

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NTEF	RS FOR MEDICARE	& MEDICAID SERVICES		<u> </u>	OMB NO.	<u>0938-0391</u>
EMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SU COMPLE	
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	ROVIDER OR SUPPLIER		802	ET ADDRESS, CITY, STATE, ZIP CODE 20 EASTERN AVENUE, NW ASHINGTON, DC 20012		
(4) ID REFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
√ 214 N 249	each monthly repo back as February 6 with verbal prompt prompts. He has reperformance. Programment on an info While Client #1's Sindicated that he' to be on a programment of the was no evide team had reviewed thereof, discussed recommendation (discontinue the for agreed that a toiled appropriate for Client 483.440(d)(1) PROME As soon as the interpromonent of the formulated a client each client must retreatment programment programment on the interpretations and sobjectives identified plan. This STANDARD Based on observative treatment a outlined in the Indianal coutlined in the Ind	rt, beginning at least as far 5, 2007: "He performed Step 1 each his highest level of gram discontinued and ormal basis." September 7, 2007 ISP uses adult attends continues in to improve his tolleting skills," ence that the interdisciplinary of the client's progress or lack the former QMRP's since February 2007) to mail training program, and sing schedule would not be ent #1. DGRAM IMPLEMENTATION erdisciplinary team has its individual program plan, exceive a continuous active a consisting of needed services in sufficient number support the achievement of the d in the individual program is not met as evidenced by: tion, interview and record failed to ensure continuous active individual program Plans (IPPs), see clients in the sample.	W 214			
	The findings include	te:				

PARTMENT OF HEALTH AND HUMAN SERVICES ATERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2008 FORM APPROVED OMB NO. 0938-0391

	ORRECTION	IDENTIFICATION NUMBER;	A. BUII	LDING	COMPL	
		09G169	B. WIN	IG	03/	13/2008
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1. trae wr Or: Or: Obsassion as load raid apusus levent as clies revent as clies revent as of the contract to so followill and	sining program witten, as follows: March 10, 2004 March 10, 2004 March 10, 2004 Served providing sistance while eaded food onto the sed the spoon to proximately 4:30 pport staff was over of hand over ack (pudding). Acently-hired (2 witserved providing assistance with assistance to load in assistance to load in the with minimal of the client's OT assistance to load in the with with minimal of the client's or assistance with a special assistance with a special assistance to load in the with minimal of the client's or assistance with a special ass	Itime protocol and self-feeding ere not implemented as	W 2	W 249 1a and b. cross refer to 2. cross refer to W 159 3. cross refer to W 159 4. cross refer to W 159 5. cross refer to W 159	9-1 9-2 9-7	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/02/2008

FORM APPROVED

OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY COMPLETED (X1) PRÓVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING B. WING 09G169 03/13/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8020 EASTERN AVENUE, NW METRO HOMES WASHINGTON, DC 20012 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 249 W 249 Continued From page 17 initiate loading spoon with food." Observations on March 10, 2008, however, had shown that staff did not allow or encourage him to perform those tasks to his maximum abilities. Instead, they provided hand over hand assistance throughout the process, and documented on the data collection sheet that this was the level required. b. On March 10, 2008, at 4:45 PM, the medication nurse crushed Client #1's medications and stirred them into apple sauce. At 4:56 PM. the nurse spoonfed the mixture into the client's mouth, without offering him the opportunity or encouragement to hold the spoon himself. At 5:30 PM, during a post-med pass conversation. the LPN indicated that she was aware that the client received hand over hand assistance while eating food. After stating that the training program was to be implemented at meals, she acknowledged that she did not routinely provide the client with an opportunity to practice using a spoon during his med pass. 2. The facility failed to implement Client #1's privacy skills training program, as follows: During the March 10, 2008 Entrance Conference, it was stated that Client #1 used adult protective undergarments (APUs) due to fecal and urinary incontinence. On March 12, 2008, at 11:40 AM, review of the client's IPP, dated August 31, 2007, revealed the following: "...will open and close the restroom door and display appropriate restroom behaviors daily 25% of the total opportunities provided for 3 consecutive months..." This was not observed being implemented when the client used the restroom during the survey. On March 12, 2008, beginning at approximately 12:25 PM, review of the client's program book revealed no

NTERS FOR MEDICARE & MEDICALD SERVICES Whith of percences White	PART	MENT OF HEALT	H AND HUMAN SERVICES				FORM OMB NO	04/02/2008 APPROVED 0938-0391
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## STREET ADDRESS CITY, \$TATE, IP CODE \$102 EASTERN AVENUE, NW WASHINGTON, DC 20012 **SUMMARY STATEMENT OF GERCEMOTES CAND OF CORRECTION (PACH CORRECTION CAND OF CAND OF CORRECTION CAND OF CORRECTION CAND OF CORRECTION CAND OF CAND OF CORRECTION CAND OF C	PLAN O	F CORRECTION					03/13/2008	
SUMMARY STATEMENT OF DEFICIENCY IN PROPERTY TAKE SUMMARY STATEMENT OF DEFICIENCY IN STREET PRECEDED BY SULL REGULATORY OR LSC DENTETYING INFORMATION) REGULATORY OR LSC DENTETYING INFORMATION) W 249 evidence that data collection sheets had been established for the "open/ close the bathroom door" program. 3. Facility staff failed to consistently implement Client #1's napkin-use training program, as follows: On March 10, 2008, beginning at approximately 7:10 AM, Client #1 was observed at breakfast. Later, at approximately 4:30 PM, he ate a snack (pudding). The client was also observed at dinner that day, beginning at 6:02 PM. Direct support staff and/or the recently-hired House Manager provided direct assistance to Client #1 throughout the meals. Each time, staff was observed using a napkin to wipe his mouth periodically during the meal and after he finished eating. At no time were staff observed officially during the meal and after he finished eating. At no time were staff observed officing the client in snapkin, with instructions and/or encouragement to wipe his own mouth. On March 12, 2008, at 11:26 AM, review of his IPP, dated August 31, 2007, revealed the following: "Given physical assistance, cclient's name-will use a napkin to wipe his mouth after meals on 80% of trials for 6 consecutive months" Review of the GMRP Monthly Progress Notes, dated 97/07, 10/6/07, 11/707, 12/8/07, 11/4/08 and 27/108, revealed that staff not been recording the client's napkin use. Observations on March 10, 2008, however, failed to show evidence that the program was being implemented consistently. 4. The facility nurse failed to implement Client #3's self-medication training program, as follows:	/E OF P	ROVIDER OR SUPPLIER			802	20 EASTERN AVENUE, NW		
V 249 V 249 Continued From page 18 evidence that data collection sheets had been established for the "open' close the bathroom door" program. 3. Facility staff falled to consistently implement Client #1's napkin-use training program, as follows: On March 10, 2008, beginning at approximately 7:10 AM, Client #1 was observed at breakfast. Later, at approximately 4:30 PM, he at ea snack (pudding). The client was also observed at dinner that day, beginning at 6:02 PM. Direct support staff and/or the recently-hired House Manager provided direct assistance to Client #1 throughout the meals. Each time, staff was observed using a napkin to wipe his mouth periodically during the meal and after he finished eating. At no time were staff observed offering the client his napkin, with instructions and/or encouragement to wipe his own mouth. On March 12, 2008, at 11:26 AM, review of his IPP, dated August 31, 2007, revealed the following: "Given physical assistance, cclient's name- will use a napkin to wipe his mouth after meals on 80% of trais for 6 consecutive months" Review of the QMRP Monthly Progress Notes, dated 97/07, 10/6/07, 11/7/07, 12/6/07, 1/4/08 and 27/7/08, revealed that staff had been recording the client's napkin use. Observations on March 10, 2008, however, failed to show evidence that the program was being implemented consistently. 4. The facility nurse failed to implement Client #3's self-medication training program, as follows.	ETRO I	ETRO HOMES			W/			0/5)
vidence that data collection sheets had been established for the "open/ close the bathroom door" program. 3. Facility staff falled to consistently implement Client #1's napkin-use training program, as follows: On March 10, 2008, beginning at approximately 7:10 AM, Client #1 was observed at breakfast. Later, at approximately 4:30 PM, he ate a snack (pudding). The client was also observed at dinner that day, beginning at 6:02 PM. Direct support staff and/or the recently-hired House Manager provided direct assistance to Client #1 throughout the meals. Each time, staff was observed using a napkin to wipe his mouth periodically during the meal and after he finished eating. At no time were staff observed offering the client his napkin, with instructions and/or encouragement to wipe his own mouth. On March 12, 2008, at 11:26 AM, review of his IPP, dated August 31, 2007, revealed the following: "Given physical assistance, cellent's name> will use a napkin to wipe his mouth after meals on 80% of trials for 6 consecutive months" Review of the QMRP Monthly Progress Notes, dated 97/07, 10/6/07, 11/7/07, 12/8/07, 14/4/08 and 27/108, revealed that staff nad been recording the clients napkin use. Observations on March 10, 2008, however, failed to show evidence that the program was being implemented consistently. 4. The facility nurse failed to implement Client #3's self-medication training program, as follows:	REFIX		OV MITET HE PRECEDED & LEVE	PRE	FIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	
#3's self-medication training program, as follows.	V 249	evidence that data established for the door" program. 3. Facility staff facilient #1's napkin follows: On March 10, 20 7:10 AM, Client # Later, at approxin (pudding). The control of that day, beginning staff and/or the reprovided direct at the meals. Each napkin to wipe howers staff obserwith instructions his own mouth. On March 12, 20 IPP, dated Augufollowing: ".Given name will use a meals on 80% companies	a collection sheets had been e "open/ close the bathroom ailed to consistently implement in-use training program, as 08, beginning at approximately the was observed at breakfast, mately 4:30 PM, he ate a snack client was also observed at dinnering at 6:02 PM. Direct support recently-hired House Manager assistance to Client #1 throughout in time, staff was observed using a is mouth periodically during the e finished eating. At no time ved offering the client his napkin, and/or encouragement to wipe 008, at 11:26 AM, review of his assistance, <client's 07,="" 08,="" 10="" 10,="" 11="" 2="" 2008,="" 6="" 7="" 9="" after="" an="" and="" apkin="" being="" client's="" consecutive="" dated="" failed="" for="" has="" his="" however,="" in="" lew="" march="" monthly,="" mouth="" napkin="" of="" onsistently.<="" program="" qmrp="" revealed="" staff="" td="" that="" the="" to="" trials="" use.="" was="" wipe=""><td>d</td><td>249</td><td></td><td></td><td></td></client's>	d	249			
		#3's self-medic	ation training program, as follows:	}				

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=MEN1	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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E OF P	ROVIDER OR SUPPLIER			I	REET ADDRESS, CITY, STATE, ZIP CODE		
TROI	HOMES			· -	020 EASTERN AVENUE, NW VASHINGTON, DC 20012		
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249	#3's medication (Z into a small medication as mall medication indo nurse handed her the medication indo n March 11, 2000 client's medical rechad a 7-task self-nashe was to obtain a open the box, read the medication, play obtain her own wat under supervision. It should be noted the data collection obtained the key, of the medication with previous evening (the client had not be those tasks. 5. The facility faile #2 had available for prescribed for measurement of the straw lid." Client #2 December 14, 2000 the use of a Tefforthowever, was observed.	PM, the nurse punched Client typrexa) from its blister pack ation cup. The client brought from the kitchen and when the the medication cup, she took ependently, followed by water. 3, at 2:06 PM, review of the cords revealed that the client medication objective whereby a key to a medication box, I the medication label, obtain ace the medication in the box, ter and then swallow the pills that the nurse documented on sheet that Client #3 had opened the box and obtained in verbai prompts on the March 10, 2008), even though open observed performing at to ensure that Clients #1 and or use the adaptive equipment altimes, as follows: 36. Client #1's mealtime vember 11, 2007, and annual use of a "tumbler cup with 2's mealtime protocol, dated 7, and annual plan indicated 1-coated spoon. Neither client, erved using those items during on break or dinner observations	W	249			
252	, ,, ,	OGRAM DOCUMENTATION	W:	252			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/02/2008 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PRÓVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G169 03/13/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **B020 EASTERN AVENUE, NW METRO HOMES** WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY W 252 Continued From page 20 W 252 specified in client individual program plan objectives must be documented in measurable This STANDARD is not met as evidenced by: W 252 Based on interview and record review, the facility 1. This program has been failed to ensure data relative to the discontinued and the staff will follow 4/10/08 accomplishment of the criteria specified in each the mealtime protocol. client's Individual Program Plan (IPP) objective 2. This program has been was documented in measurable terms, for two of the three clients in the sample. (Clients #1 and discontinued by the IDT. #2) 3 and 4.cross refer to W 159-4 In the future the OMRP will ensure The findings include: that the staff will complete daily progress notes on the clients. 1. Program data that staff were documenting for Client #1's self-feeding training program did not See attached – copy of shift reports accurately reflect his performance/ability, as follows: Cross-refer to W249.1 On March 10, 2008. observations at breakfast, afternoon snack and dinner revealed Client #1 received hand over hand assistance from staff. Together, they scooped pureed food on a built-up handled spoon and then raised the spoon to his mouth. After the client removed the food from his mouth, they lowered the spoon and allowed the client time to swallow. No further assistance or prompting was observed until they obtained the next spoonful of food. On March 12, 2008, at 12:25 PM, review of the client's IPP revealed the following: "With independence, <client's name> will use a spoon

to feed himself during breakfast and dinner on 50 % of trials..." Subsequent review of the data collection sheets revealed that staff were documenting that he required physical prompts

k.							
		H AND HUMAN SERVICES E & MEDICAID SERVICES				FORM	D: 04/02/200 M APPROVE(D: 0938-039
MEN	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		AULTIPL	E CONSTRUCTION	(X3) DATE :	SURVEY
		09G169	B. WI	NG		03/	13/2008
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	including swallowing. 2. The facility failed document implemes skills training programmes for the skills training programmes. Cross-refer to W24 11:40 AM, review of 31, 2007, revealed close the restroom restroom behaviors opportunities provious months" This was implemented when during the survey. 12:25 PM, review of revealed no eviden had been establish review revealed the Notes, dated 9/7/07 1/4/08 and 2/7/08, if this training objection. 3. Facility staff fails regarding communities were included in Cliffollows: a. Cross-refer to W of Client #1's IPP of #2's IPP on March.	ned in the task analysis, ig the food. d to collect data or otherwise entation of Client #1's restroom am, as follows: 19.2. On March 12, 2008, at of Client #1's IPP, dated August the following: "will open and door and display appropriate is daily 25% of the total ded for 3 consecutive is not observed being the client used the restroom Beginning at approximately if the client's program book ce that data collection sheets ed for this program. Further at QMRP Monthly Progress 7, 10/6/07, 11/7/07, 12/8/07, failed to report on the status of	W:	252			

community outings/ activities of choice. The former Qualified Mental Retardation Professional

(QMRP) developed Activity Schedules for Clients #1 and #2, dated September 7, 2007 and January 4, 2008, respectively, for inclusion in the IPPs. The schedules prescribed Saturday and Sunday

PARTMENT OF HEALTH AND HUMAN SERVICES NTERS FOR MEDICARE & MEDICAID SERVICES

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TPO	HOMES			1	20 EASTERN AVENUE, NW		
110	S HOWES			W/	ASHINGTON, DC 20012		
1) ID EFIX AG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
252	docurnentation faile had facilitated wee with their plans. The evidence that staff outings on the Comrequired. For exama pproximately 2:38 the evening shift or Client #2 had gone This had not been Community Outings data sheet could not be verifie beginning at 10:35 Outings data sheet for community outinhad been visibly alt known schedules. documented "went 12:00 PM - 3:05 PM date, however, was with the 2 changed Whereas February outing on January 2 Other irregularities Chateau nightclub I Monday), February Saturday). At 10:47 Manager confirmed Chateau on Thursd club sponsors a spe MR/DD. Other entr	their Community Outings and to show evidence that staff kend outings in accordance here was, however, some had not documented all munity Outings data sheet as aple, on March 13, 2008, at PM, a Daily Note netered on March 1, 2008 indicated that on an "outing to video store."	W:	252			

c. Client #2's Daily Notes could not be used to

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 03/13/2008 09G169 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8020 EASTERN AVENUE, NW METRO HÖMES WASHINGTON, DC 20012 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID. (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG W 252 Continued From page 23 W 252 verify alleged community outings. On March 13, 2008, beginning at 2:24 PM, review of the client's Daily Notes revealed that on February 8, 2008. direct support staff documented that she was "home from day program had her snack and is resting in her room." The client's Community Outings sheet, however, had indicated a "walk to subway" that evening. Similarly, staff documented on Client #2's Saturday, March 1, 2008 Daily Notes that she had "bought a nice dress" from a store. The Community Outings sheet, however, indicated that she had been to the Chateau nightclub (with no mention of shopping). It should be noted that there were significant gaps in Client #2's Daily Notes documentation. On March 13, 2008, at 2:36 PM, the QMRP stated that it was the facility's policy that staff on each shift were expected to complete a Daily Note. Upon reviewing Client #2's Daily Notes, the QMRP acknowledged that staff had not consistently entered Daily Notes. For example, the Daily Notes skipped from February 25, 2008 to March 1, 2008 and then to March 7, 2008 (at which time someone wrote "4PM-12A shift" and nothing else to indicate what had happened with the client during that shift). W 322 W 322 483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on observation, staff interview and record

review, the facility failed to ensure that clients were provided with prescribed adaptive

MENT OF DEFICIENCIES

(X2) MULTIPLE CONSTRUCTION

PARTMENT OF HEALTH AND HUMAN SERVICES ATTERS FOR MEDICARE & MEDICAID SERVICES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 04/02/2008 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

'LAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED	
		09G169	B. WING		03/13/2008	
	ROVIDER OR SUPPLIÉR HOMES		802	ET ADDRESS, CITY, STATE, ZIP CODE 20 EASTERN AVENUE, NW ASHINGTON, DC 20012		
I) ID EFIX AG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPROPRICIENCY)	ULD BE	(X5) COMPLETION DATE
322	equipment, such as glasses and/or Tefl their safety and heat the two sampled cli adaptive equipment. The findings including the triangle of the two sampled client #1 used straw when drinking with his mealtime per 2007. At both meat 2008, he drank from with no lid or straw, observed using a Threakfast and dinner client's mealtime per 2007, prescribed the spoon. On March Qualifield Mental Relational the medical test continued use of an equipment. 483.460(g)(2) COMTREATMENT The facility must entreatment services needed for relief of restoration of teeth health.	s straw lids on beverage alth maintenance, for two of ients who were prescribed it. (Clients #1 and #2) e: 66. The facility failed to ensure a tumbler cup with lid and g beverages, in accordance protocol, dated November 10, als observed on March 10, and a regular beverage tumbler, similarly, Client #2 was not reflon-coated spoon during er on March 10, 2008. The rotocol, dated December 14, are use of a Teflon-coated 12, 2008, interviews with the estardation Professional and the onfirmed that the clients had adaptive meal equipment, as plans. There was no evidence am had monitored the propriate adaptive mealtime MPREHENSIVE DENTAL Insure comprehensive dental that include dental care pain and infections, and maintenance of dental is not met as evidenced by:	W 322	W 322 Teflon coated spoons and and a tumbler with a straw lid were obtained and one set has been delivered to the day program. In the future the facility will en adaptive equipment is used as and day program has the equip. See attached in service on adapt equipment for program and residential sites. Receipt for adequipment from the day program.	nsure ordered ment. otive	4/8/08
	Based on interview	and record review, the facility				•

PARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/02/2008 FORM APPROVED

OMB NO. 0938-0391

NTER	S FOR MEDICARE	& MEDICAID SERVICES					. <u>0836-038 (</u>	
EMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		0 9G16 9	B. WII	NG_		03/1	3/2008	
	ROVIDER OR SUPPLIER			E	REET ADDRESS, CITY, STATE, ZIP CODE 8020 EASTERN AVENUE, NW			
IKUr	TUNES			'	WASHINGTON, DC 20012	TION	(146)	
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356		age 25	w	356	5			
	failed to ensure the services in a timel clients in the same. The findings inclusion of the findings inclusion of the findings inclusion of the findings inclusion. I On March 13, Client #2's dental received a dental 2007. The dentise moderate calculus patient needs so pre-authorization record did not refiniterview with the Retardation Profeshad an appointme 2008, which was treatment was present the first dental September 17, 21, and calculus preserve ommended "find pre-authorization returned to the diwhich time he recommended "before bedtime." however, that the in accordance will as follows: a Client #1 was	at clients received dental y manner, for two of the three pile. (Clients #1 and #2) de: 2008, at 4:17 PM, review of record revealed that she assessment on September 12, the documented "heavy staining is deposits" and recommended aling will submit to Medicaid" The client's lect a return visit. At 4:20 PM, recently-hired Qualified Mental estional revealed that the client ent scheduled for March 19, more than 6 months after escribed. 2008, at 4:21 PM, review of record revealed that on 2007, the dentist found "plaque sent on all teeth surfaces" and all mouth scaling will submit to Medicaid" The client entist on January 8, 2008, at ceived treatment and the dentist orush teeth after each meal and There was no evidence, a client received daily dental care the the dentist's recommendation, not observed to brush his teeth		356	W 356 1. The dentist does cleaning even 6mths but needs authorization deep scaling. He has complete and his dental consult is attacted 2. a,b and c — client has a new brushing program. The day program toothbrush. The HMCP has be updated accordingly. The QM nurse will ensure there is clos monitoring of staff performing program The QMRP and nurse also visit the day program at 1 monthly. See attached — tooth brushing program and data sheet, HMC recent dental consult and staff service record	for d this ned. tooth ogram a een RP and e will east	4/10/08	
	after breakfast (d program) on Mar 2008 at 6:04 PM	or before departure for day rch 10, 2008. On March 13, 1, interview with the RN revealed en instructed previously to assist						

		AND HUMAN SERVICES MEDICAID SERVICES				FORM): 04/02/2008 1 APPROVED
EMEN	T OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPL	E CONSTRUCTION	OMB NO. 0938-039* (X3) DATE SURVEY COMPLETED	
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E OF F	PROVIDER OR SUPPLIER			1	ET ADDRESS, CITY, STATE, ZIP CODE		
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356	Continued From pa	ge 26	w:	356			<u> </u>
•	him with tooth brushing every morning before departure for day program.			ļ			
	#1's most recent He Plan (HRMCP), dat revealed that the clipreviously (August The HRMCP instructimes a day." At 5:0 that the HRMCP hamore frequent (afte daily dental care. c. During a March day program, intervithe client's record rebrushed his teeth at 2008, at 5:04 PM, the date, the day prograp provide the client with the client w	y 4:25 PM, review of Client ealth Risk Management Care ed December 24, 2007, fent had been diagnosed 28, 2006) with periodontitis, cted staff to "brush teeth 2-3 04 PM, the RN acknowledged and not been updated to reflect revery meal and at bedtime) 10, 2008 visit to Client #1's lews with staff and review of evealed no indication that he fer lunch. On March 13, he RN acknowledged that to am had not been asked to the tooth brushing assistance, been addressed in the home					
436	-	CE AND EQUIPMENT	W 4	-36			
	and teach clients to choices about the u hearing and other of and other devices in	nish, maintain in good repair, use and to make informed se of dentures, eyeglasses, ommunications aids, braces, lentified by the m as needed by the client.					
	Based on observation	not met as evidenced by: on, staff interview and record illed to ensure that clients		-			

were provided with and taught to use their adaptive equipment, such as straw lids on

FEMENT OF DEFICIENCIES

(X2) MULTIPLE CONSTRUCTION

EPARTMENT OF HEALTH AND HUMAN SERVICES

INTERS FOR MEDICARE & MEDICAID SERVICES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 04/02/2008 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		COMPL	PLETED			
	09G169		B. WING_	<u></u>	03/1	3/2008
	ROVIDER OR SUPPLIER HOMES		8	REET ADDRESS, CITY, STATE, ZIP CODE 020 EASTERN AVENUE, NW VASHINGTON, DC 20012		
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	beverage glasses at for two of the two sa prescribed adaptive #2) The findings include 1. The facility failed a tumbler cup with libeverages, as follow On March 10, 2008, the breakfast table, 7:06 AM. He used a high-sided divided Conference, at appropriate QMRP) and LPN Conference, at appropriate Mental Re (QMRP) and LPN Conference and thin liquid." A December 10, 2008, of Client #1's medical and thin liquid." A December 14, 200 the swallow study fir recommended "contidiet as ordered staprotocol" At the dinner table if	nd/or Teflon coated spoons, ampled clients who were equipment. (Clients #1 and are: It to ensure that Client #1 used id and straw when drinking	W 436	W 436 The mealtime protocol and POS been corrected to show the adapt equipment the client uses. In the future the facility will enst that the documentation of adapt equipment is accurate and consi in all records. A monthly QA w completed by the QMRP. See attached Mealtime protocol and QA record.	sure sure ive istent ill be	4/12/08

HRA **2**1034 PRINTED: 04/02/2008 PARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 INTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: PLAN OF CORRECTION A. BUILDING B. WING 09G169 03/13/2008 STREET ADDRESS, CITY, STATE, ZIP CODE 1E OF PROVIDER OR SUPPLIER **8020 EASTERN AVENUE, NW !TRO HOMES** WASHINGTON, DC 20012 PROVIDER'S PLAN OF CORRECTION (XS) SUMMARY STATEMENT OF DEFICIENCIES (4) ID REFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 436 / 436 Continued From page 28 protocol, dated 11/10/07, revealed that in addition to the built-up handled spoon and high sided divided plate, he was to use a lid with a straw on his beverage cup. At both meals observed that day, he drank from a regular beverage tumbler, with no lid or straw. This was the first indication that he should use a lid with straw. On March 11, 2008, beginning at 9:03 AM, review of Client #1's QMRP Monthly Progress Notes, dated 9/7/07, 10/6/07, 11/7/07, 12/8/07, 1/4/08 and 2/7/08, revealed that past and current QMRP's documented the client used a divided,

high-sided plate and a cup with straw lid. On March 12, 2008, beginning at 10:12 AM, review of Client #1's Individual Support Plan (ISP), dated September 7, 2007, revealed inconsistent documentation of the adaptive equipment prescribed. In one section, the ISP listed "high sided plate and cup/tumbler with straw lid" (only), yet a few pages later, the ISP included a list of adaptive equipment, as follows: "high sided plate, built-up handle spoon, tumbler cup with straw lid, and Ted hose," all 4 of which were to be used "as needed." [Note: Interviews with nursing staff and review of Client #1's records did not reflect the use of Teds. One of his peers, however, had been prescribed Teds prior to her December 2007 hospitalization and subsequent discharge from the facility.] On March 12, 2008, continued review of Client #1's record revealed that he received an updated Occupational Therapy evaluation on September 25, 2007, 18 days after his interdisciplinary team met for his annual ISP review. The OT recommended the continued use of "the built-up handled spoon, high-sided sectioned plate and tumbler cup with straw lid." [Note: The same OT assessment indicated that the client used "custom molded shoe orthotic due to Pes

PART	MENT OF HEALTH	AND HUMAN SERVICES	1			FORM	: 04/02/2008 APPROVED . 0938-0391
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7 436	Planus." However sneakers during the observations. Intereview of Client #1 custom molded shifor him.] It should be noted training records rethe LPN Coordinating direct support stafe equipment needs. "high-sided divide spoon" for Client ause of a tumbler of the LPN Coordinating a blue plast a Teflon-coated test and the same at dinner. On March 10, 2007:06 AM, Client #1 using a blue plast a high sided divided used the same at dinner. On March 11, 200 the QMRP and Listed a Teflo of a built-up hand. On March 11, 200 the QMRP and Listed a Teflo of a built-up hand confirmed that statespoon. The Coordinator oper the December 14 confirmed that statespoon. The Confirmed that statespoon. The Confirmed that statespoon. The Confirmed that statespoon. The Confirmed that statespoon.	the client had worn regular to March 10, 2008 streems with nursing staff and its records confirmed that the had not been prescribed that review of staff in-service excelled that on March 4, 2008, for trained the QMRP and 5 for the clients' adaptive. The attached list included diplate and built-up handled the trained that did not reflect the sup with straw lid. The list did not reflect the easpoon while eating, as follows: 8, beginning at approximately 2 was observed eating breakfast ic spoon with a built-up handle, ed plate and a spout cup. She disprive equipment that evening rich 11, 2008, a visit to the am revealed that she had a I, dated December 14, 2007, in-coated spoon (with no mention).		436	W 436 The mealtime protocol and PO been corrected to show the adequipment the client uses. In the future the facility will ethat the documentation of ada equipment is accurate and coin all records. A monthly QA completed by the QMRP. See attached Mealtime protocol and QA record.	aptive ensure entive ensistent will be	4/12/08

PRINTED: 04/02/2008 FORM APPROVED PARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 VTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA MENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: LAN OF CORRECTION A. BUILDING B. WING 03/13/2008 09G169 STREET ADDRESS, CITY, STATE, ZIP CODE F OF PROVIDER OR SUPPLIER 8020 EASTERN AVENUE, NW WASHINGTON, DC 20012 TRO HOMES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ΙD 4) ID .EFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) AG W 436 Continued From page 30 436 kitchen revealed no evidence that Teflon-coated teaspoons had been available for the client's use prior to this survey. It should be noted that review of staff in-service training records revealed that on March 4, 2008. the LPN Coordinator trained the QMRP and 5 direct support staff on the clients' adaptive equipment needs. The attached list included "plastic coated teaspoon" for Client #2. W 440 V 440 483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each shift W 440 4/10/08 conducted a fire drill four times a year. The facility has revised the Fire Drill schedule to include weekend shifts. The findings include: All staff has been in serviced on the Fire and Safety Policy. On March 10, 2007, interview with the Qualified Mental Retardation Professional and review of the See attached Fire drill schedule and in weekly staffing schedule indicated that on service record Monday-Friday there were primarily three designated shifts (8:00 AM - 12:00 PM; 4:00 PM -12:00 AM; and 12:00 AM - 8:00 AM) and on Saturday and Sunday, there were primarily two designated shifts (8:00 AM - 12:00 midnight and 12:00 midnight - 8:00 AM). There was no evidence that the facility conducted

simulated fire drills at least four times for each shift during the previous 12 months. On March 11, 2008, at 3:25 PM, review of the facility's documentation revealed that during the first quarter (March 2007 - May 2007), fire drills had

DEPART	MENT OF HEALTH	HAND HUMAN SERVICES	•		FORM	APPROVED . 0938-0391
STATEMENT	RS FOR MEDICARE OF DEFICIENCIES FOORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE S	URVEY
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W 440	revealed no evider conducted on the v	age 31 nly on Sundays. Further review noe that any drills were weekday evening shift during une 2007 - August 2007).	W 440			
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PRINTED: 04/02/2008 FORM APPROVED

NE OF PROVIDER OR SUPPLIER SITE ADDRESS. CITY, STATE. ZIP CODE 302 EASTERN AVENUE, NW WASHINGTON, DC. 20102 Another Author State Control of Democracy Control of C	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER (X2) PROVIDER/SUPPLIER (X3) PROVIDER/SUPPLIER (X4) PROVIDER/SUPPLIER (X4) PROVIDER/SUPPLIER (X5) PROVIDER/SUPPLIER (X6) PROVIDER			A. BUILDING		COMPLI	(X\$) DATE SURVEY COMPLETED		
## REPUIL STATEMENT OF DEPOISONES ## SEPRI ADMINISTRY STATEMENT OF DEPOISONES ## SEPRI ADMINISTRY OF DEPOISONES BY PULL ## REGULATORY OR USE DEPTITIVING INFORMATION) ## REGULATORY OR USE DEPTITIVING INFORMATION ## REGULATORY OR USE DEPTITIVE OF USE D			09G169		B. WING		03/1	3/2008	
A 10 SUMMARY STATEMENT OF DEFICIENCIES (PAGE) BY FULL PAGE OF DEFICIENCY MUST BE PRECEDED BY FULL PAGE OF DEFICIENCY MUST BE DEFICIENCY MUST B	8020 EAST			TERN AVENUE, NW					
A licensure survey was conducted from March 10, 2008 through March 13, 2008. A random sample of three residents was selected from a resident population of two men and three women with various degrees of disabilities. The findings of this survey were based on observations at the group home and at two day programs, interviews with residents, day program and residential staff as well as the review of clinical and administrative records, including incldent reports. R 125 The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on the review of personnel records, the GHMRP failed to ensure criminal background checks for the previous seven (7) years prior to the check. The findings include: Review of the personnel flies on March 12, 2008, beginning at 2:50 PM, revealed no evidence of comprehensive criminal background checks for the recently-hired Qualified Martial Retardation Professional (GMRP) and House Manager, and 2 of the 9 direct support staff, as follows: QMRP - A MD check was documented: however, John Reguletion Administration AMA A March 112, 2008, and House Manager, and 2 of the 9 direct support staff, as follows: QMRP - A MD check was documented: however,	REFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY	S Full	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I SHOULD BE	COMPLETE	
records, including incident reports. R 125 4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute Is not met as evidenced by: Based on the review of personnel records, the GHMRP failed to ensure criminal background checks for the previous seven (7) years, in all jurisdictions in which the employees had worked or resided within the seven (7) years prior to the check. The findings include: Review of the personnel files on March 12, 2008, beginning at 2:50 PM, revealed no evidence of comprehensive criminal background checks for the recently-hired Qualified Mental Retardation Professional (QMRP) and House Manager, and 2 of the 9 direct support staff, as follows: QMRP - A MD check was documented; however, IIII Regulation Administration R 125 R 125 The Agency has a policy on employee background checks to be completed prior to the hirring process. In the future personnel records will be kept and updated accordingly at the facility. The QMRP will complete monthly QA which includes a review of personnel records. See attached background checks for the recently-hired Qualified Mental Retardation Professional (QMRP) and House Manager, and 2 of the 9 direct support staff, as follows: QMRP - A MD check was documented; however,	R 000	A licensure survey 10, 2008 through I sample of three re resident population with various degre of this survey were group home and a with residents, day	was conducted from March 13, 2008. A rasidents was selected n of two men and threes of disabilities. The based on observation two day programs, program and reside	indom i from a see women e findings ons at the interviews ntial staff	R 000				
Based on the review of personnel records, the GHMRP failed to ensure criminal background checks for the previous seven (7) years, in all jurisdictions in which the employees had worked or resided within the seven (7) years prior to the check. The findings include: Review of the personnel files on March 12, 2008, beginning at 2:50 PM, revealed no evidence of comprehensive criminal background checks for the recently-hired Qualified Mental Retardation Professional (QMRP) and House Manager, and 2 of the 9 direct support staff, as follows: QMRP - A MD check was documented; however, Jih Regulation Administration (X6) DATE (X6) DATE	R 125	The criminal back criminal history of contract worker for in all jurisdictions employee or contraction the check.	incident reports. DUND CHECK REQUE ground check shall de the prospective emplers the previous seven within which the prospect worker has worked seven (7) years prior	JIREMENT isclose the loyee or (7) years, pective ed or to the	R 125	The Agency has a policy employee background ch completed prior to the hi	ecks to be ring process.	4/14/08	
Ith Regulation Administration (X6) DATE		Based on the revi GHMRP failed to checks for the pre jurisdictions in wh or resided within to check. The findings inclusively. Review of the per beginning at 2:50 comprehensive of the recently-hired Professional (QM of the 9 direct sup	ew of personnel reco ensure criminal back evious seven (7) year ich the employees ha the seven (7) years p de: esonnel files on Marci PM, revealed no evio riminal background c Qualified Mental Rei RP) and House Man oport staff, as follows	rds, the ground s, in all ad worked rior to the 12, 2008, dence of hecks for tardation ager, and 2:		kept and updated according facility. The QMRP will monthly QA which inclusion of personnel records. See attached background	ingly at the complete des a review		
ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 1	_	ulation Administration	van re/k	more	1,640,n1	A MITTLE		(X6) DATE	

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R 125	he lived and worke September 2001 - House Manager - A however, he lived it \$1 - Maryland and however, she had to December 10, 200	d in California between December 2006. A DC check was docum Maryland. DC checks were documorked in PA just price	umented; :umented; or to her	R 125			
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FORM

PRINTED: 04/02/2008 FORM APPROVED

PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDING B. WING			COMPLETED				
		09G169	ATD::: DE			03/1	3/2008			
	PROVIDER OR SUPPLIER		8020 EAS	DDRESS, CITY, STATE, ZIP CODE STERN AVENUE, NW GTON, DC 20012						
i) (D EFIX AG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIATE OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE OF CORRECTION OF CORREC			(X5) COMPLETE DATE			
I 000	10, 2008 through I sample of three re resident population with various degre of this survey were group home and a with residents, day	was conducted from March 13, 2008. A rasidents was selected to of two men and threes of disabilities. The based on observation two day programs, in program and resider the of clinical and administration.	from a e women findings ns at the hterviews	000	· .					
1 002	records, including 3500.2 GENERAL Each GHMRP lice shall demonstrate the provisions of D Title 6, Chapter 19	incident reports.	irector tands that Code, rights of	1002			-			
	Based on observative review, the GHMR director failed to de understood that the 13 of the D.C. Code, care and rights of roll The findings included. The facility failed residents' rights to both in accordance	i to demonstrate prote receive habilitation, c with their Individual 9 7, Chapter 13, § 7-13	ecord nce she Capter Law overn the sons. ection of are or Support							
	ation Administration	DERUSUPPLIER REPRESEN		W. LOW	A TITLE		(X6) DATE			
FORM			980		GO11 (100)	Il continuati	on sheet 1 of 25			

PRINTED: 04/02/2008 FORM APPROVED

PLAN OF CORRECTION IDENTIFICATION NUI			A. BUILDIN	G	(X3) DATE SURVEY COMPLETED	
	09G169	Tarner Appl	7550 0077	TATE ZID CODE	03/1	3/2008
ROVIDER OR SUPPLIER		8020 EAST	ERN AVE	NUE, NW		·
(EACH DEFICIENC)	Y MUST BE PRECEDED BY	FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	OULD BE	· (X5) COMPLETE DATE
A. Cross-refer to fe Citation W436. Redated November 1 indicated the use of Simialriy, Resident December 14, 200 the use of a Teflonresident, however, items during break observations on March 18. Cross-refer to laprotocol and self-fe not implemented as C. Cross-refer to lamplement Resider program, in accord team recommenda D. Cross-refer to laconsistently implementation or of the consistently implementation or of the church and other activities, in accord F. The facility failed and #2 received demanner, as follows 1) On March 13, 2 Resident #2's dentareceived a dental activities in according to the control of the	ederal deficiency repusident #1's mealtime 1, 2007, and annual of a "tumbler cup with #2's mealtime protoco 7, and annual plan in -coated spoon. Neith was observed using fast, afternoon break arch 10, 2008. 422.1. Resident #1's reding training progras s written. 422.2. The GHMRP of #1's privacy skills to ance with his interdistion. 422.3. GHMRP staff ment Resident #1's na 019, I422.4 and I422. Insure the provision of therwise facilitate atter of preferred communitation with resident IS d to ensure that Residental services in a time 1008, at 4:17 PM, revial record revealed the ssessment on Septe	protocol, plan straw (id." col, dated dicated her those or dinner failed to raining sciplinary failed to apkin-use for the strain failed to apkin-use failed to apkin-	1 002	I 002 A. cross refer W 436 B. cross refer W I 422.1 C. cross refer W I 422.2 D. cross refer W 422.3 E. cross refer W 422.4 and W F.1. cross refer W 356		
		mended				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR I. Continued From para. A. Cross-refer to from the use of a Teffon resident, however, items during break observations on Misservations on Misserv	ROYIDER OR SUPPLIER HOMES SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORM. Continued From page 1 A. Cross-refer to federal deficiency rep dated November 11, 2007, and annual indicated the use of a "tumbler cup with Simialrly, Resident #2's mealtime protoc December 14, 2007, and annual plan in the use of a Teflon-coated spoon. Neith resident, however, was observed using items during breakfast, afternoon break observations on March 10, 2008. B. Cross-refer to I422.1. Resident #1's protocol and self-feeding training programot implemented as written. C. Cross-refer to I422.2. The GHMRP implement Resident #1's privacy skills to program, in accordance with his interdist team recommendation. D. Cross-refer to I422.3 GHMRP staff consistently implement Resident #1's natraining program. E. Cross-refer to I019, I422.4 and I422. GHMRP failed to ensure the provision of transportation or otherwise facilitate atte to church and other preferred communit activities, in accordance with resident IS. F. The facility failed to ensure that Resiand #2 received dental services in a timmanner, as follows: 1) On March 13, 2008, at 4:17 PM, reviral Resident #2's dental record revealed the received a dental assessment on Septe 2007. The dentist documented "heavy smoderate calculus deposits" and recommend in patient needs scaling will submit	ROVIDER OR SUPPLIER HOMES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 A. Cross-refer to federal deficiency report - Citation W436. Resident #1's mealtime protocol, dated November 11, 2007, and annual plan indicated the use of a "tumbler cup with straw lid." Simialrly, Resident #2's mealtime protocol, dated December 14, 2007, and annual plan indicated the use of a Teflon-coated spoon. Neither resident, however, was observed using those items during breakfast, afternoon break or dinner observations on March 10, 2008. B. Cross-refer to I422.1. Resident #1's mealtime protocol and self-feeding training program were not implemented as written. C. Cross-refer to I422.2. The GHMRP failed to implement Resident #1's privacy skills training program, in accordance with his interdisciplinary team recommendation. D. Cross-refer to I422.3 GHMRP staff failed to consistently implement Resident #1's napkin-use training program. E. Cross-refer to I019, I422.4 and I422.5. The GHMRP failed to ensure the provision of transportation or otherwise facilitate attendance to church and other preferred community activities, in accordance with resident ISPs. F. The facility failed to ensure that Residents #1 and #2 received dental services in a timely manner, as follows: 1) On March 13, 2008, at 4:17 PM, review of Resident #2's dental record revealed that she received a dental assessment on September 12, 2007. The dentist documented "heavy staining moderate calculus deposits" and recommended "patlent needs scaling will submit	ROVIDER OR SUPPLIER HOMES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 A. Cross-refer to federal deficiency report—Citation W436. Resident #1's mealtime protocol, dated November 11, 2007, and annual plan indicated the use of a "tumbler cup with straw lid." Simialrly, Resident #2's mealtime protocol, dated December 14, 2007, and annual plan indicated the use of a "fellon-coated spoon. Neither resident, however, was observed using those items during breakfast, afternoon break or dinner observations on March 10, 2008. B. Cross-refer to I422.1. Resident #1's mealtime protocol and self-feeding training program were not implemented as written. C. Cross-refer to I422.2. The GHMRP failed to implement Resident #1's privacy skills training program, in accordance with his interdisciplinary team recommendation. D. Cross-refer to I422.3 GHMRP staff failed to consistently implement Resident #1's napkin-use training program. E. Cross-refer to 1019, I422.4 and I422.5. The GHMRP failed to ensure the provision of transportation or otherwise facilitate attendance to church and other preferred community activities, in accordance with resident ISPs. F. The facility failed to ensure that Residents #1 and #2 received dental services in a timely manner, as follows: 1) On March 13, 2008, at 4:17 PM, review of Resident #2's dental record revealed that she received a dental assessment on September 12, 2007. The dentist documented "heavy staining moderate calculus deposits" and recommended "patient needs scaling will submit	ROVIDER OR SUPPLIER 109G169 STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (SACH DEFICIENCY MIST SE PRECIDED BY PULL RESULLATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 A. Cross-refer to federal deficiency report— Citation W438. Resident #1's mealtime protocol, dated November 11, 2007, and annual plan indicated the use of a *Tumbler cup with straw lid." Similarly, Resident #2's mealtime protocol, dated December 14, 2007, and annual plan indicated the use of a *Teflon-coated spoon. Neither resident, however, was observed using those items during breakfast, afternoon break or dinner observations on March 10, 2008. B. Cross-refer to 1422.1. Resident #1's mealtime protocol and self-feeding training program were not implemented as written. C. Cross-refer to 1422.2. The GHMRP failed to implement Resident #1's privacy skills training program, in accordance with his interdisciplinary team recommendation. D. Cross-refer to 1422.3 GHMRP staff failed to consistently implement Resident #1's mapkin-use training program. E. Cross-refer to 1422.3 GHMRP staff failed to consistently implement Resident #1's mapkin-use training program. E. Cross-refer to 1422.3 GHMRP staff failed to consistently implement Resident #1's mapkin-use training program. F. The facility failed to ensure that Residents #1 and #2 received dental services in a timely manner, as follows: 1) On March 13, 2008, at 4:17 PM, review of Resident #2's dental record revealed that she received a dental assessment on September 12, 2007. The dentist occurrented "heavy staining moderate calculus deposition" and record membed "patient needs scaling will submit	ROWIDER OR SUPPLIER 109G169 STREET ADDRESS, CITY, STATE, ZIP CODE 3202 FASTERIA MANUEL, NW WASHINGTON, DC 20012 REQUIATORY OR LSC DENTIFYING INFORMATION) A. Cross-refer to federal deficiency report—Citation W436. Resident #1's mealtime protocol, dated detenues of a "lumbler cup with straw lid." Similarly, Resident #2's mealtime protocol, dated December 14, 2007, and annual plan indicated the use of a "lumbler cup with straw lid." Similarly, Resident #2's mealtime protocol, dated December 14, 2007, and annual plan indicated the use of a "lumbler cup with straw lid." Similarly, Resident #2's mealtime protocol, dated December 14, 2007, and annual plan indicated the use of a "lumbler cup with straw lid." Similarly, Resident #2's mealtime protocol, dated December 14, 2007, and annual plan indicated the use of a "lumbler cup with straw lid." Similarly, Resident #2's mealtime protocol, dated December 14, 2007, and annual plan indicated the use of a "lumbler cup with straw lid." Similarly, Resident #2's mealtime protocol and self-feeding training program were not implemented as written. C. Cross-refer to 1422.1. Resident #1's mealtime protocol and self-feeding training program were not implement Resident #1's privacy skills training program, in accordance with his interdisciplinary team recommendation. D. Cross-refer to 1422.3. GHMRP staff failed to consistently implement Resident #1's napkin-use training program. E. Cross-refer to 1019, 1422.4 and 1422.5. The GHMRP failed to ensure the provision of transportation or otherwise facilitate attendance to church and other preferred community activities, in accordance with resident ISPs. F. The facility failed to ensure that Residents #1 and #2 received dental services in a timely manner, as follows: 1) On March 13, 2008, at 4:17 PM, review of Resident #2's dental record revealed that she received a dental assessment on September 12, 2007. The dentist documented "heavy staining moderate calculus deposits" and recommended "patient needs scaling will submit

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FEMENT OF DEFICIENCIES					Ģ	1042
PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		ER/CLIA IMBER;	R/CLIA MBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		PRINTED FORM): 04/02/2008 APPROVED
OF PROVIDER OR SUPPLIER	09G169		B. WING		(X3) DATE S	UDV
RO HOMES		STREET ADD 8020 EAST WASHING	RESS, CITY, S	TATE, ZIP CODE	03/13/2008	
SUMMARY ST. GEACH DEFICIENC REGULATORING	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	WASHING	TON, DC 20	10E, NW 1012		<u>5/2008</u>
002 Continued From pa	SC IDENTIFYING INFORMA	FULL ATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CI (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	ORRECTION	
! U[@-⊃utb			1000	CROSS-REFERENCED TO TH DEFICIENCY	SHOULD BE	(X5) COMPLETE
Retardation Profes resident had an ap 19, 2008, which wa treatment was pres	o Medicaid" The name of a return visit. At 4: acently-hired Qualifie sional revealed that the cointment scheduled a more than 6 month cribed.	20 PM, d Mental he for March s after				DATE
and calculus preser recommended "full pre-authorization to returned to the dent which time he received recommended "brus before bedtime." The however, that the recommendation, as		ot on plaque s' and submit sident 8, at edentist eal and dental	•			
(a) Resident #1 was teeth after breakfast program) on March 2008, at 5:04 PM, in that staff had been in him with tooth brush departure for day program in the staff had been in him with tooth brush departure for day program in the staff had been in him with tooth brush departure for day program in the staff had been in the staff	s not observed to brust (or before departure 10, 2008. On March terview with the RN re astructed previously to log every morning be	for day 13, evealed o assist fore				
(b) At approximately #1's most recent Her Plan (HRMCP), date revealed that the res previously (August 2 The HRMCP instruct times a day." At 5:04 that the HRMCP had more frequent (after	4:25 PM, review of Falth Risk Managemen	Resident at Care				

(X3) DATE SURVEY

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU 09G169	ER/CLIA JMBER:	(X2) MULTI A. BUILDIN B. WING _	PLE CONSTRUCTION G	(X3) DATE S COMPL		
E OF P	ROVIDER OR SUPPLIER		1		STATE, ZIP CODE			
TRO	HOMES			8020 EASTERN AVENUE, NW WASHINGTON, DC 20012				
1) ID EFIX AG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
	#1's day program, of the resident's rethat he brushed hi 13, 2008, at 5:04 Fto date, the day provide the resident assistance. Tooth in the home only. II. The facility failed protection of residence comprehensive ps 7, Chapter 13, § 7-6-1964(a)], as follows: Cross-refer to I40' ensure that Resident his behavior of succellar and re-asset failing to achieve previous toilet train 3501.3(h) ENVIROUSPACE 3501.3 Each GHM walking distance of demonstrate that it	in 10, 2008 visit to Reinterviews with staff accord revealed no indicate the after lunch. OPM, the RN acknowled ogram had not been not with tooth brushing a brushing had been accepted to demonstrate detents rights to receive eychological re-evaluations.04(a), formerly ows: 1. The GHMRP failed ent #1's psychologist cking on shirt sleeves assed his toileting skill berformance criteria ching program. 2. DNMENTAL REQ / Utilized the public transportation to an provide transportation following facilities:	and review ication On March Idged that asked to addressed Innonstrate a ation [Title s] If to assessed and/or a after on a SE OF	I 002	I 019 1. cross refer W 136			
	This Statute is not Based on interview failed to ensure the otherwise facilitate other preferred col	t met as evidenced by and record review, to provision of transpose attendance to churc mmunity activities), for in the sample. (Res	the facility ortation or h (and or two of					

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	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPL IDENTIFICATION N			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		09G169		B, WING_	<u> </u>	03/1	3/2008_		
NAME OF F	ROVIDER OR SUPPLIER		ŞTREET ADI	DRESS, CITY.	STATE, ZIP CODE				
METRO	HOMES			DEASTERN AVENUE, NW SHINGTON, DC 20012					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
I 019	Continued From pa	ge 4		1019					
	and #2)								
	The findings include) :		•					
	AM, review of Reside Plan (ISP), dated S list of preferred actioutings going to confide the state of Resident #1's Actincorporated in his I Saturdays, he was a beginning at 11:00 president was sched AM and engage in a beginning at 3:00 P On March 13, 2008 review of Resident:	 , beginning at 10:27 , #1's Community Outi rt for the period Octo	support evaled a "go on I, review vas nunity, e n at 10:00 ctivity, AM, ings						
	- There was no evid	lence that he went to evember 2007, Febru							
	- The October 2007 outings sheet reflected o Thursday evening outing (nightclub, October 2007) and one Sunday trip to a shopping mal (October 7, 2007);								
	2008; church on Tu	utings documented in esday, January 8, 20 t" on Saturday, Janua	108 and a						
		documented in Febru venings; none were d							

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		09G169		B. WING		03/1	3/2008
OFP	ROVIDER OR SUPPLIER		STREET ADD	ORESS, CITY, S	TATE, ZIP CODE		
rro i	HOMES			TERN AVEN TON, DC 20			
I) ID EFIX AG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM.	'FULL	ID PRĒFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETÉ DATE
1019	March 2008. 2. Similarly, the far Resident #2 particity recreational activity Activity Schedule, and Community Schedule, and Community Sundays, the resident #2's Activity A subsequent revidence at 10:00 AM community activity A subsequent revidence and Community activity A subsequent revidence at 10:00 AM community activity A subsequent revidence at 10:00 AM community activity A subsequent revidence and Community activity and the subsequent revidence at 10:00 AM community activity and the subsequent revidence at 10:00 AM community activity and the subsequent revidence at 10:00 AM community activity and the subsequent revidence at 10:00 AM community activity and the subsequent revidence at 10:00 AM community activity and the subsequent revidence at 10:00 AM community activity and the subsequent revidence at 10:00 AM community activity and the subsequent revidence at 10:00 AM community activity and the subsequent revidence at 10:00 AM community activity and the subsequent revidence at 10:00 AM community activity and community activity activity and community activity activity activity activity and community activity activi	cility failed to ensure pated in community es in accordance with as follows: 3, at 12:01 PM review ity Schedule that was January 4, 2008 an aturdays, she was to tween 2:00 PM - 5:00 ent was scheduled to an atternation of the period of the	that outings/ the her work of as mual ISP, go out in 0 PM. On o attend in another 0 PM. Community eriod vidence in orch MS efeet (3 ft.) by: the GHMRP is were at and #4) ent #2's	I 019	I 071 Clients' beds were separ sure there was at least 3 between them.		4/8/08
h Regu	bed was observed	placed only 21 inch	es <u>a</u> way	6800 1	NGO11	1/ continu	ation sheet 6 of 25

	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLI IDENTIFICATION NI			A. BUILDING		(X3) DATE SURVEY COMPLETED		
		09G169		B. WING		03/r	13/2008	
	ROMDER OR SUPPLIER		8020 EAS	ET ADDRESS, CITY. STATE, ZIP CODE DEASTERN AVENUE, NW HINGTON, DC 20012				
(4) ID (EFIX 'AG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY I LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	OTION SHOULD BE COMPLE OTHE APPROPRIATE DATE		
I 071		bed. The Qualified National acknowledged		I 071				
1 082	Each bathroom that equipped with toiler dispenser, soap for adequate lighting. This Statute is not Based on observationsure that bathrood cups. The finding include On March 13, 2008	s, at 6:52 PM, the pape n the main bathroom (shall be and cup for and it to ith paper	1082	I 082 The QMRP has in serviced all the staff in House keeping procedures and the paper cups for the clients' use is being replenished as needed. In the future the House Manager will make sure that the environmental needs for the clients are met by making daily environmental inspections.		4/8/08.	
	other poisonous, da material shall be ac access to such sub the resident 's India This Statute is not Based on observation	bleach, insecticide or angerous, or flammable cessible to a resident stance is contraindical vidual Habilitation Planmet as evidenced by: on, the GHMRP failed gagents were not acc	where ted in	1097	I 097 Container of Comet was rer immediately. Staff was in set Housekeeping procedures. See attached in service reco	erviced on	,	
		3: 						

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUF		MBER		Ġ		
		09G169				03/	13/2008
	NAME OF PROVIDER OR SUPPLIER . METRO HOMES			DDRESS, CITY, S STERN AVEN GTON, DC 20			
				T			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIE BY MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-RÉFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
1097	Continued From p	age 7	·	1097			
	of powdered Com- observed in the va	8, at 6:52 PM, an ope et cleanser with bleac unity cabinet beneath the athroom located in the	h was he hand				-
l 135	3505.5 FIRE SAFE	ΞΤΥ		1135			
		all conduct simulated fi fectiveness of the pla ar for each shift,	•	-	I 135		
	This Statute is not met as evidenced by Based on interview and record review, the GHMRP failed to ensure that each shift conducted a fire drill four times a year.				Cross refer W 440		
	The findings include	de:					
	Mental Retardation the weekly staffing Monday-Friday the designated shifts (12:00 AM; and 12: Saturday and Sund	7, interview with the Qn Professional and review schedule indicated the sewere primarily three 8:00 AM - 8:00 AM) and day, there were primar 8:00 AM - 12:00 midnition AM).	riew of nat on e 4:00 PM - I on rily two		•		
	simulated fire drills shift during the pre 11, 2008, at 3:25 F documentation rev quarter (March 200 been conducted or revealed no eviden conducted on the v	ence that the facility c at least four times for vious 12 months. On PM, review of the facili- ealed that during the f 07 - May 2007), fire dra nly on Sundays. Furth the that any drills were veekday evening shift the 2007 - August 200	r each March ty's irst ills had er review during				
	ation Administration		<u> </u>			·	<u>' , , , , , , , , , , , , , , , , , , ,</u>
TATE FÓRN	Л			¹⁸⁸⁹ 1N	IGO11	If continuat	ion sheet 8 of 25

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDIN	ıç	X3) DATE SI COMPLE	
		09G169]		03/13	3/2008
	RÖVIDER ÖR SUPPLIER HOMES		8020 EAS	DRESS, CITY. TERN AVEI TON, DC 2			
ID FIX G	(EACH DEFICIENC	ATEMENT OF DEFICIENCIESY MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
206	annually thereafter certification that a performed and that	IEL POLICIES rior to employment and some standard provide a physical health inventory has the employee is here to perform the results.	ician ' s been alth status	1 206			
	Based on interview GHMRP failed to a annual health certification of the persection of the persection on file for 1 of the Stated March 31, 202. The most recent on file for one Train (TME) was dated Jupdated health cerdocument indicated was performed on after the survey endine to the survey endine to the survey endine the survey endine decided to the survey endine the su	connel records on Mar 2;50 PM, revealed the at health certificate/ in- 9 direct support staff (1006, almost 2 years en at health certificate/ in- ned Medication Emplo lanuary 22, 2007, and ired. [Note: On Marc ubmitted via fax trans- tificate for the TME. I d that the physical exa March 17, 2008, four ded.]	ventory S3) was arlier. ventory byee h 18, mittal, an The amination days		I 206 1. See attached health certificate f staff S3 In the future the facility will ensur that all personnel records are kept current. This process will be over by the QMRP on a monthly QA system.	re t	4/10/08
eguls	illon Administration						···· -

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPL IDENTIFICATION N 09G169		R/ĈLIA MBER:	(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 03/13/2008	
NAME OF P	ROVIDER OR SUPPLIER	030103	STREET ADD		TATE, ZIP CODE		
	METRO HOMES			TERN AVEN TON, DC 20			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUI REGULATORY OR LSC IDENTIFYING INFORMATIC		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
I 227	Continued From pa	age 9		1 227			1
l 227	Each training program shall include, but not be limited to, the following: (c) Infection control for staff and residents; This Statute is not met as evidenced by: Based on interview and review of personnel records made available, the GHMRP failed to ensure that all staff had received training in first aid and certification in Cardiopulmonary resuscitation (CPR), in accordance with agency policies.			1 227			
			ıts;		I 227 See attached first aid training for S1,S2,S3 and S4 and CPR for S1,S2 and S3. In the future the facility will ensure that all personnel records are kept	4/14/08	
			nnel iled to g in first		current. This process will be by the QMRP on a monthly system.		
	The findings include	ie:					
	On March 12, 200 of personnel files a records revealed t	8, beginning at 2:50 f and staff in-service tra he following:	M, review aining			•	
	aid training within	documented evidence the previous 3 years aff (S1, S2, S3 and S	for 4 of the				
	2. There was no documented evidence of certification for 3 of the 9 direct support str S2 and S3).						
1 229	3510.5(f) STAFF	TRAINING		I 229			"
	Each training program shall include, but not be limited to, the following:		t not be				
	residents to be se to, behavior mana	related to the GHMF rved including, but no igement, sexuality, no ommunications, and a	t limited trition,				

9590

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIED IDENTIFICATION NUMBER		(X2) MULT A, BUILDIN	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		09G169		B. WING_	· · · · · · · · · · · · · · · · · · ·	03/13/2008	ļ.	
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE	03/13/2000		
METRO	HOMES			0 EASTERN AVENUE, NW SHINGTON, DC 20012				
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1 229	This Statute is not Based on interview GHMRP failed to trasuch as recreation and The findings included On March 13, 2007 training records and recently-hired Quality Professional reveals GHMRP trained its following topics:	met as evidenced by and record review, the ain all staff on special and total communicates: review of the staff in	ne Ity areas Ition, n-service on he	I 229	I 229 The QMRP and House Manager ensure that the recreation calend followed and the clients have the opportunity to go out. The staff libeen re in serviced in accurate documentation of all outings. See attached in service training for recreation and activity sched	ar is 4/10/0 ar is ar is ar is 4/10/0 ar is ar is ar is 4/10/0 ar is ar	08	
·	for Resident #1's an failed to show evide experienced prefer recreational activitie in their ISP Activity \$3513.1(e) ADMINIS' Each GHMRP shall agency 's inspection administrative record (e) Signed agreeme professional service This Statute is not reason to the statute of the statute of the saled on interview and GHMRP failed to professional service.	nts or contracts for s; net as evidenced by: and record review, the ovide evidence of a sect with each consulta	tings s s/ escribed 9) thorized lowing e	1 274	I 274 See attached psychiatrist's con In the future the HR Dept. will the consultant staff signs all co before they are hired.	ensure	08	

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUILDIN		(X3) DATE COMPI	
		09G169		B. WING		03/	13/2008
NAME OF	PRÖVIDER OR SUPPLIER				STATE, ZIP CODE	· · · · · · · · · · · · · · · · · · ·	
METRO	HOMES		8020 EAS WASHING	STERN AVE GTON, DC 2	NUE, NW 0012		
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I 274	The finding includes Interview with the Q Professional and rev March 12, 2008 reve	-	cords on RP failed	1 274			
I 371	the consulting psych 3519.2 EMERGENC Each GHMRP shall documentation that trained in carrying or procedures set forth This Statute is not re Based on interview a GHMRP failed to trained to	miatrist. CIES maintain written each employee has l ut the policies and in § 3519.1 of this s met as evidenced by: and record review, th in all staff on the age and procedures (fire	been ection.	l 371	I 371 In the future the facility will that all training records are k current. This process will be by the QMRP on a monthly (system. See attached in service recordemergency policies and process.)	ept overseen QA d on	4/10/08
I 401	training records and recently-hired Qualifi Professional reveale GHMRP trained its diagency's emergency 3520.3 PROFESSIO PROVISIONS Professional services and evaluation, included evelopmental levels services, and services	review of the staff in- interview with the ied Mental Retardation d no evidence that the irect support staff on policies and procedu N SERVICES: GENE	on ne ne nthe ures. ERAL iagnosis nt	I 401			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		A. BUILDING	PLE CONSTRUCTION	(X3) DATĘ COMPI	
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	Based on observative review, the facility is services (i.e. assess the needs of one of sample. (Resident The finding include 1. On March 10, 2 observed in the hold AM. His shirt collar the period. On several manager assisted in the formal of the fact of the server of	met as evidenced by ion, staff interview an failed to ensure psych isment), in accordance of the three residents in #1) s: 008, Resident #1 was me between 7:06 AM if was notably wet three eral occasions, the rear in his mouth and hinutes. At 7:33 AM, the immuff of day proposerved in his day program buttinely placed his should be staff rolled the staff rolled the staff rolled the staff rolled the staff asked him to keep the kept his left thumb leeve, and mouthed it	d record pological se with in the record pological se with in this record pological se with in this record to record pological se with in this record to record pological se with in this record to record pological se with the record pological se with in this record to record pological se with in this record to record pological se with in this record pological se with in this record pological se with in the recor	1 401	DEFICIENC	7	
	occasionally. At 12: assisted the resider shirt (red) and pants him in ball toss state daily, mouthing his o	leeve, and mouthed it 31 PM, another staff at with changing into a set. The staff who had ad that even though helothes was not among his Behavior Suppo	person I fresh engaged e did it g the				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUILDING	E CONSTRUCTION	(X3) DATE SI COMPLE 03/1:	
_	ROVIDER OR SUPPLIER	09G169	8020 EAST	RESS, CITY, ST FERN AVENUTON, DC 200	ATE. ZIP CODE JE, NW J12		
i) ID EFIX AG	/EACH DEEIGIENG	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
401	upon his return howas seated at the The collar and bott since the change a wet. At 5:58 PM, I mouthing his shirt shirt until at least 6. On March 11, 200 Mental Retardation psychologist was a the next week to a shirt-mouthing behappropriate record 2008, beginning a #1's Psychologica 2007, revealed the fingers, engage in behaviors, bite fingwas no evidence, had assessed his sleeves and/or co. 2. The facility failed toileting skills: During the March it was stated that protective undergand urinary income 9:32 AM, review of Psychological Ass 2007, revealed the trained but he will defecate in toilet psychologist provincommendations Review of Reside	ons of Resident #1 reme. At 4:28 PM, Resident groom table early sleeves of the red set day program) were resident #1 was obsected at 1 PM (possibly lone). The remained set 1 PM (possibly lone) at 5:25 PM, the Quant Professional stated scheduled to come to essess the resident's navior and to provide mendations. On Mate 19:20 AM, review of language and to mouth self-siger nails sometimes, however, that the psychological processions of sucking a possible production of sucking a possible production of sucking a production of sucking a production of sucking a possible production of sucking a production o	ident #1 ing snack. shirt (wom notably erved in the wet ger). ualified that the the facility rch 12, Resident August 30, ick his stimulation" There ychologist on shirt t #1's conference, ult to fecal 2, 2008, at al ust 30, toilet ind hation or kills. 2007				

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		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MUI A. BUILD	TIPLE CONSTRUCTION	(X3) DATE (
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NAME OF I	AND PLAN OF CORRECTION IDENTIFICATION		STREET AD	DRESS, CITY	, STATE, ZIP CODE] 03/	13/2008
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1 401	Continued From pa	ge 14		I 401			
	revealed the following continues to be on a toileting skills." At 1 his IPP, dated Augustraining objective the toileting needs. On March 12, 2008, the recently-hired Q Resident #1's toileting Resident #1's toileting Resident #1 was with Staff relied on the ustresident often refuse interview revealed the considerations that the assessed. According generally would agree loosened his belt, mistepped back. Howe and lowered his particular to cooperate. Schedule prescribed APU upon return from periodically thereafted wet. QMRP Monthly Prog 10/6/07, 11/7/07, 12/7 reported on the follow weekly with staff assistant will complete the step 80% accuracy" Furthe QMRP had writted.	ng: " uses adult attra program to improve 1:40 AM, however, rest 31, 2007, revealed at dealt directly with least approximately 12 MRP was asked aboug program. He reported to use the toileting start there were behaved to use the toilet. That there were behaved the date, had not been go to the QMRP, the rest to sit on the toilet in ade a request and the ever, if staff removed to insist, then he word, if staff reportedly chem day program and r, and changed him in the stance, < resident's rest to proper toilet used the review revealed on the following stater on the following stater.	e his eview of d no his :18 PM, but orted that chedule. the lioral i fully resident f staff en I the belt nt would toileting cked his if/when 7/07, 08, had hes hame> e with I that ment in		I 401 1. The psychologist has re asses the client and has a BSP for the mouthing behavior. 2. This program has been discontinued, as the client is una comprehend his toileting needs. functioning at a 9mth cognitive and a 1yr 9mth adaptive level. S continues to follow 2hr APU chr. The psychologist has included the toileting status in his re assessment in the future the QMRP will ensith that a monthly QA is completed encompass a review of all assessments and programming needs.	shirt able to He is level taff ecks. ne ent. ure to	4/10/08
	each monthly report, back as February 6, 2 with verbal prompt, Sorompts. He has reaperformance. Progrationtinue on an information	beginning at least as 2007: "He performed teps 2-7 with physica ch his highest level o m discontinued and	s far Step 1				

STATEMEI AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MU A. BUILD	LTIPLE CONSTRUCTION DING	TAG (EX)	SURVEY LETED
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! 401	Continued From page	ge 15		1401			
J 422	indicated that he" to be on a program there was no evidenteam had reviewed lack thereof, discuss recommendation (si discontinue the form agreed that a toiletinappropriate for Residential Section 1997.	ON AND TRAINING	ontinues ng skills," plinary ss or o's to and ot be	l 422	1 422		
	Each GHMRP shall provide habilitation, the and assistance to residents in accordance the resident's Individual Habilitation Plant This Statute is not met as evidenced by: Based on observation, interview and recording, the facility failed to ensure the prohabilitation and training as outlined in the Individual Program Plans (IPPs), for three three residents in the sample. (Residents and #3)		e with ind vision of		1a and b. Cross refer to W 2. cross refer to W 159 3. cross refer to W 159 4. and 5. cross refer to W 1. 6. cross refer to W 249 7. cross refer to W 159		
	The findings include: 1. Resident #1's meaself-feeding training pimplemented as writte	program were not					
t r	7:10 AM, a direct sup observed providing R hand assistance while Together, they loaded ogether, they raised the mouth. At approxima	peginning at approximport staff person was esident #1 with hand e eating breakfast. If food onto the spoor the spoon to the residely 4:30 PM that evers observed providing	over and dent's				

	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPL IDENTIFICATION N 09G169			A. BUILDING B. WING	rLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 03/13/2008	
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1 422	eating a snack (pu PM, the recently-h was observed provover hand assistant a. On March 11, 2 the resident's annu 2007, revealed the hand over hand as March 12, 2008, a revealed the follow resident's names himself during bre trials" Although provide clear instrimplement the proof onto his spoof of the	d over hand assistant adding). And beginning ited (2 weeks) House viding the same level nee with the dinner may 2008, at 10:23 AM, regual plan, dated September 12:25 PM, review of the resident "requires istance with feeding at 12:25 PM, review of ving: "With independent will use a spoon to feed as a spoon to feed at same of the training objective feeded staff assistance on; however, he was controlled in the second of the point of the point and removed the same of the point and removed the same of the same of the point and removed the same of the same o	ang at 6:02 a Manager of hand heal. eview of ember 7, res partial g." On f his IPP ence, feed h 50 % of a did not w to resident's 2008, he to load capable of inimal broximately time vealed the g the spoon a food from ng spoon how or to his ded hand rocess, his sheet that 's e sauce xture into	1 422			

		(X1) PRÓVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIP A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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) ID EFIX AG	(EACH DÉFICIEN	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
422	opportunity or enchimself. At 5:30 ff conversation, the aware that the resussistance while of the training programeals, she acknow routinely provide to practice using a coutinely fall privacy skills train the was stated that protective undergand urinary incomponent of the protective undergand urinary incomponent and close the appropriate restrotal opportunities months" This wimplemented whe restroom during the resident's providence that date established for the door" program. 3. Facility staff fare Resident #1's natification." On March 10, 2007:10 AM, Resider Later, at approximation (pudding). The residenty of the residenty of the residenty of the resident program.	couragement to hold the PM, during a post-med LPN indicated that she sident received hand deating food. After state am was to be implement wiledged that she did it the resident with an open a spoon during his med to implement Resident #1 used adularments (APUs) due to timence. On March 12 of the resident's IPP, revealed the following the restroom door and combehaviors daily 26 provided for 3 conseives not observed being an the resident used the survey. On March oximately 12:25 PM, regram book revealed in a collection sheets had a "open/ close the bat filled to consistently implications that was observed at mately 4:30 PM, he after esident was also observed at mately 4:30 PM, he after esident was also observed at mately 4:30 PM, he after esident was also observed at mately 4:30 PM, he after esident was also observed at mately 4:30 PM, he after esident was also observed at mately 4:30 PM, he after esident was also observed at mately 4:30 PM, he after esident was also observed at mately 4:30 PM, he after esident was also observed at mately 4:30 PM, he after esident was also observed at mately 4:30 PM, he after esident was also observed at mately 4:30 PM, he after esident was also observed at mately 4:30 PM, he after esident was also observed at mately 4:30 PM, he after esident was also observed at mately 4:30 PM, he after esident was also observed at mately 4:30 PM.	d pass e was e was ever hand ing that ented at not exportunity d pass. dent #1's exist onference, elt ofecal exist dated exist of the cutive g ee 12, 2008, eview of of d been hroom, plement am, as ximately breakfast e a snack eved at						

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422	support staff and/ Manager provided #1 throughout the observed using a periodically during eating. At no time the resident his ne encouragement to On March 12, 200 IPP, dated Augus following: ".Giver <resident's #1's="" (isp),="" 07,="" 11="" 11:="" 12="" 12,="" 20="" 4.="" 7="" 8="" acco="" activitic="" activities="" after="" as="" at="" been="" beginning="" being="" co="" consecutive="" dated="" ev="" facility="" fai="" failed="" follows:="" going="" h="" had="" he="" i="" implement="" in="" incorporated="" march="" meal="" mon="" monthly="" mouth="" name="" observation="" of="" on="" outings="" participated="" preferred="" progress="" re="" reside="" resident="" review="" saturdays,="" sch<="" sep="" show="" staff="" td="" the="" to="" use.="" w="" was=""><td>or the recently-hired had direct assistance to meals. Each time, so mapkin to wipe his more than the were staff observed apkin, with instruction or wipe his own mouth the staff observed apkin, with instruction or wipe his own mouth the staff observed apkin, with instruction or wipe his own mouth the staff of the sta</td><td>resident taff was buth e finished offering s and/or</td><td></td><td></td><td></td><td></td></resident's>	or the recently-hired had direct assistance to meals. Each time, so mapkin to wipe his more than the were staff observed apkin, with instruction or wipe his own mouth the staff observed apkin, with instruction or wipe his own mouth the staff observed apkin, with instruction or wipe his own mouth the staff of the sta	resident taff was buth e finished offering s and/or					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER		R/CLIA MBER:	A. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING		JRVEY TED			
		09G169		B. WING		03/1	3/2008		
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422	Continued From pa	ige 19		1 422					
·	On March 13, 2008, beginning at 10:27 AM, review of Resident #1's Community Outings documentation chart for the period October 2007 to date revealed the following: - There was no evidence that he went to church in October 2007, November 2007, February 2008 or thus far in March 2008; - The October 2007 outings sheet reflected one Thursday evening outing (nightclub, October 4, 2007) and one Sunday trip to a shopping mall (October 7, 2007);								
	- There were two outings documented in January 2008; church on Tuesday, January 8, 2008 and a "national monument" on Saturday, January 12, 2008;		008 and a						
	- The three outings were on weekday of weekends; and,	documented in Feb evenings; none were	ruary 2008 on						
	- there were no do March 2008.	cumented outings the	us far in						
	5. Similarly, the facility failed to ensure that Resident #2 participated in community outings/ recreational activities in accordance with her Activity Schedule, as follows:								
	On March 13, 2008, at 12:01 PM review of Resident #2's Activity Schedule that was incorporated in her January 4, 2008 annual plan, revealed that on Saturdays, she was to go out in the community, between 2:00 PM - 5:00 PM. On Sundays, the resident was scheduled to attend church at 10:00 AM and later, engage in another community activity, from 2:00 PM - 5:00 PM.					,			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLI AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PRÓVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER;	(X2) MULTIPLE CONSTRUCTION A BUILDING		COMPLETED				
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422	Continued From pa	age 20		1 422						
·	Outings document January 1, 2008 to that she went on o Saturdays and Sur attendance, in acc 6. The facility nurs #3's self-medicatio During the medicatio 10, 2008, at 4:52 I Resident #3's med blister pack into a resident brought h kitchen and when medication cup, si independently, foll 2008, at 2:06 PM, medical records re 7-task self-medicat to obtain a key to read the medicatio	ew of Resident #2's Cation chart for the per date revealed no evident munity outings on adays, including churtordance with her plants failed to implement the failed to implement the failed to implement the nurse of punched dication (Zyprexa) from the nurse punched ication (Zyprexa) from the nurse handed her took the medication the took the medication of the resident evealed that the resident punched is a medication box, open label, obtain the mister in the box, obtain vallow the pills under the resident punched in the box, obtain the mister in the box, obtain the mister in the pills under the resident punched in the pills under the resident in the box, obtain the mister in the pills under the	riod idence ch n. t Resident as follows: n on March ed m its n The n the on the on the in the in the on the box, nedication,							
	the data collection obtained the key, the medication will previous evening	I that the nurse docurn sheet that Resident opened the box and the verbal prompts on (March 10, 2008), event been observed pe	#3 had obtained the en though							
	7. The facility failed to ensure that Residents #1 and #2 had available for use the adaptive equipment prescribed for mealtimes, as follows:				,					
	Cross-refer to fed	deral deficiency report	t - Citation							

	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 03/13/2008	
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	ROVIDER OR SUPPLIER	·	8020 EAS	TERN AVENI TON, DC 20	JE, NW		
i) ID EFIX AG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETE DATE
1 422	November 11, 200 the use of a "tumb Resident #2's mea December 14, 200 the use of a Teffor resident, however, items during break observations on M no evidence that th monitored the use mealtime equipme 3523.1 RESIDENT Each GHMRP res that the rights of re protected in accor chapter, and other laws. This Statute is no Based on observations, the GHMF residents' rights in Capter 13 of the D Law 2-137, D.C. O govern the care a persons and othe The findings inclu I. The facility faile receive habilitatio with their Individu	en's mealtime protocolor, and annual plan in ler cup with straw lidulatime protocol, dated lor, and annual plan in accorded spoon. Neit was observed using stast, afternoon breaklarch 10, 2008 and the facility's medical terms of prescribed adaptivent. T'S RIGHTS idence director shall esidents are observed ance with D.C. Law applicable District and RP failed to observe an accordance with Title D.C. Code (formerly object) of the protocolor of the code of mentally applicable laws. The determinant of the code of the cod	dicated her those or dinner ere was eam had we ensure d and 2-137, this nd federal y: record and protect le 7, ralled D.C. r 19) retarded s' rights to cordance es) [Title 7,	1 500	I 500 1A. cross refer to W 4 B. cross refer to I 422 C. cross refer to I 422	2.1	
	A. Cross-refer to	federal deficiency re	port -				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE S COMPLI		
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1500	Citation W436. Redated November 1 indicated the use of Resident #2's mead December 14, 200 the use of a Teflor resident, however, items during break observations on Miles. Cross-refer to I protocol and self-fernot implemented at C. Cross-refer to I implement Resided program, in accordate am recommendate. Cross-refer to I consistently implementation or of the consistent in accordance in the consistent in the c	sident #1's mealtime 1, 2007, and annual p f a "tumbler cup with Itime protocol, dated 7, and annual plan in -coated spoon. Neith was observed using fast, afternoon break arch 10, 2008. 422.1. Resident #1's eding training progra s written. 422.2. The GHMRP Int #1's restroom skills lance with his interdigation. 422.3 GHMRP staff ment Resident #1's in 019, 1422.4 and 1422 ensure the provision of therwise facilitate atte or preferred communitance with resident Is ed to ensure that Resental services in a tin section. 2008, at 4:17 PM, rev tal record revealed the documented "heavy deposits" and recons aling will submit	dicated her those or dinner those mealtime am were failed to a training sciplinary failed to apkin-use fai				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE (X1) PROVIDER/SUPP					(X3) DATE SI COMPLE		
		09G169				03/1	3/2008
NAME OF P	ROVICER OR SUPPLIER		8020 EAS	TERN AVENUTON, DC 200	ATE, ZIP CODE JE, NW J12		
(X4) ID PRÉFIX TAG	/EACH DEFICIENC!	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
record did not reflect a return visit. At 4:20 PM, interview with the recently-hired Qualified Mental Retardation Professional revealed that the resident had an appointment scheduled for March 19, 2008, which was more than 6 months after treatment was prescribed. 2) On March 13, 2008, at 4:21 PM, review of Resident #1's dental record revealed that on Sentember 17, 2007, the dentist found "plaque"				I 500			
	September 17, 200 and calculus prese recommended "ful pre-authorization to returned to the der which time he recommended "brobefore bedtime." however, that the loare in accordance	tent #1's dental record revealed that on tember 17, 2007, the dentist found "plaque alculus present on all teeth surfaces" and immended "full mouth scaling will submit authorization to Medicaid" The resident ned to the dentist on January 8, 2008, at a time he received treatment and the dentist immended "brush teeth after each meal and a bedtime." There was no evidence, ver, that the resident received daily dental in accordance with the dentist's immendation, as follows:				_	
<i>,</i> 1	teeth after breakfa program) on Marc 2008, at 5:04 PM, that staff had beer	es not observed to be st (or before departure to 10, 2008. On Marchiterview with the RN instructed previously shing every morning program.	re for day th 13, I revealed y to assist		,		
	#1's most recent he Plan (HRMCP), do revealed that the previously (August The HRMCP instratimes a day." At 5 that the HRMCP he	ely 4;25 PM, review of Health Risk Managen ated December 24, 2 resident had been dia st 28, 2006) with perioust ucted staff to "brush of to 4 PM, the RN acknown and been updated ter every meal and at	nent Care 007, agnosed odontitis. teeth 2-3 nowledged I to reflect				

STATEMEN AND PLAN	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		ER/CLIA JMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		09G169		B. WING		03/	13/2008
NAME OF F	PROVIDER OR SUPPLIER	-	STREET ADD	RESS, CITY,	STATE, ZIP CODE		13/2000
METRO	HOMES		8020 EAST WASHING	TERN AVEN FON, DC 2	NUE, NW 0012		
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY 6C IDENTIFYING INFORMA	Filtr	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	(c) During a March #1's day program, in of the resident's reci that he brushed his	10, 2008 visit to Resiterviews with staff a ord revealed no indicteeth after lunch. Or all, the RN acknowled gram had not been a with tooth brushing rushing had been act to protect Resident; nensive psychologica, Chapter 13, § 7-13], as follows: The GHMRP failed the #1's psychologist as a go on shirt sleeves a ged his toileting skills astiling to progress on	and review cation in March alged that isked to didressed #1's right al 05.04(a), to seessed and/or and/or	1 500	DEFICIENC	TY)	DAJE
	on Administration						